City of Salford

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1953

BY

J. L. BURN, M.D., D.Hy., D.P.H.,

MEDICAL OFFICER OF HEALTH

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Members of the Health Committee,

1953.

Chairman :

Alderman W. W. CRABTREE (deceased)—to 4th June, 1953

Alderman G. H. GOULDEN, J.P.—from 2nd July, 1953

Deputy Chairman :

Councillor J. HALL—to 7th October, 1953

Alderman M. C. WHITEHEAD (Miss)—from 20th October, 1953

Alderman J. SHLOSBERG, J.P. (*Mayor*)

Councillor A. F. CARROLL, J.P. (*Deputy Mayor*)

Alderman J. BRENTNALL, J.P.

" S. W. DAVIS

" J. H. LESTER, J.P.

" E. E. MALLINSON (Mrs.)

Councillor E. BARTON (Mrs.)

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" M. FERGUSON (Mrs.)

" C. R. V. HAYNES, J.P.

"

" T. LOFTUS

" F. M. MARRON (Mrs.)

" G. A. MARSHALL

" T. H. MELLOR, J.P.

" N. WRIGHT

STAFF—1953.

MEDICAL OFFICER OF HEALTH ... J. L. BURN, M.D., D.Hy., D.P.H.

MATERNITY AND CHILD WELFARE.

Senior Medical Officer	Miss M. SPROUL, M.B., Ch.B., D.P.H.,
Superintendent of Health Visitors and Nursing Staff	Miss B. M. LANGTON, D.N. (London), S.R.N., S.C.M., H.V. Cert.
Non-Medical Supervisor of Midwives	Miss F. M. SANDERSON, S.R.N., S.C.M., M.T.D.
Supervisor of Day Nurseries ...	Miss L. HOLLIDAY, S.R.N., S.C.M.

ANALYSIS OF FOOD AND DRUGS.

Public Analyst	A. ALCOCK, A.M.C.T., F.R.I.C.

SANITARY INSPECTION.

Chief Sanitary Inspector	J. C. STARKEY, M.R.S.I.

MENTAL HEALTH.

Senior Mental Health Visitor and Duly Authorised Officer ...	D. BOSTOCK, Cert. Soc. Sc.

HEALTH EDUCATION.

Health Education Officer	H. L. LATHAM, C.R.S.I.

SOCIAL WELFARE INCLUDING DOMESTIC HELP.

Almoner	Miss B. CHADWICK.

ADMINISTRATION.

Chief Administrative Assistant...	E. WOOD, C.R.S.I.
Chief Clerk	J. F. PRESTWICH, C.R.S.I.
Medical Officer of Health's Secretary	F. G. DOBSON, C.R.S.I.

VITAL STATISTICS

According to the General Registrar's estimates at mid-year 1953, the *population* of Salford was 173,900, a decrease of 2,500 as compared with that of 1952.

The *death rate* for the year was 12·3, an increase of 0·2 as compared with that for 1952. (National Rate, 11·4).

The *birth rate* for the year was 17·05, as compared with 17·6 for the year 1952. (National Rate, 15·5).

The *infantile mortality rate* for 1953 was 32, a reduction of 3 compared with 1952. (National Rate, 26·8).

The *maternal mortality rate* was 0·6 per 1,000 total births, a satisfactory figure. (National Rate, 0·76).

INTRODUCTION

To the Chairman and Members of the Health Committee,

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my annual report on the health of the City of Salford for the year 1953.

Coronation Year was a notable year in the health of Salford. It saw the carrying out of the X-ray of nearly 90,000 persons in Salford (including that important and hitherto neglected group—the housewives, and those adults of all ages who had not been covered by the usual type of survey carried out among factory workers). The survey resulted in the discovery of nearly 200 sufferers from active respiratory tuberculosis. It cannot be gainsaid that this survey represented a major effort to reduce the incidence of tuberculosis in Salford and the Salford public should be greatly indebted to by the Regional Hospital Board and the Health Committee who have encouraged and supported the scheme to the utmost.

Detailed information in connection with the health survey and with certain other health matters has been collected from more than 1,000 Salford families. When analysed this will prove a valuable contribution towards the improvement of the health of Salford residents.

Coronation Year saw the local working of the National Health Service Act getting into top gear ; it saw closer co-operation with the family doctor ; it saw, for example, development in some of our " home " services, and the increase in the number of part-time home helps to over 200.

Let us look at Salford's balance in the bank of health—its debits and credits. Among its debits was a high stillbirth rate—though not higher than many years in the past—a problem which cries out for investigation. Much more time and attention will have to be given to the proportion of preventable deaths in the first years of life, and in stillbirths ; for it is believed that at

least 10 per cent. of these deaths are preventable. Much time and care will have to be devoted to these causes ; research locally and nationally will be required. Among our debits was a small increase in the death rate, but such an increase as you have been informed in previous years will tend to occur more frequently in future years. We can only postpone death and not prevent it. The ever-increasing number of old people cannot go on surviving for ever, and there are bound to be years when the average death rates show an increase. The number of deaths from cancer increased. As I study the death returns it is noticed with mournful and monotonous regularity the large number of deaths from three causes—cancer, diseases of the heart and arteries and bronchitis. These frequent causes point to the need for the study of all members of Salford families, the aged as well as the baby, the worker and his wife as well as the school child.

We have failed to get a *group practice* scheme going.

Our scheme for *better home care* (based on the lines of the so-called Addenbrooke scheme, which is a good scheme) of earlier discharge, where appropriate, of patients from hospital, has met with scant success.

Among the *credits* in our home services there are significant achievements. We again enjoyed a record low infant mortality rate. When one takes into account the difficulties of life for young children in the industrial areas, it is not at all surprising that generally speaking the rate in such areas exceeds the national rate. I see good reason to believe that the vigorous attempts which are now being made in Salford to improve housing conditions, combined with the efforts of the health services will, in time, so adjust the balance that a child's chances of survival in an area of this type will be at least equal to those of other children throughout the country. At 32 per 1,000 live births, it is still so much above the national rate of 26·8 that it is obvious the attack on the causes of infant death and disease will have to be intensified. The health of our babies has been good—they are as bonny as those in the more fortunate areas, even though our social conditions are not as good, our housing worse and our air dirtier.

Not one of the 53 premature babies, including three whose birth-weight was less than 3 lbs., nursed on the district died ; although it must be stated in fairness that four of the seven babies under 3 lbs. in weight were sent to hospital. Nevertheless the fact that so many babies, as described fully later, cared for at home with 100 per cent. survival rate is striking. Of the 1,300 mothers confined at home not one died. Again the proviso must be made that expectant mothers with obvious abnormalities are referred to the hospital service. Yet it is not without significance that another year has passed without a mother dying in childbirth at home ; for, as all who work in the field of maternity know, death occasionally occurs even in the so-called " normal " case.

Particular attention was paid during the year to the *better training* of the staff ; every encouragement was given by you to the attendance of staff at courses of further training.

An information bulletin is sent out often at weekly intervals to all family doctors practising in the area.

A small development of the year was the establishment of a post graduate course for general practitioner obstetricians.

The number of mothers receiving *relief from pain in childbirth* rose markedly and has reached 79 per cent. at the time of writing.

I would like to express dissatisfaction with the allowance paid of £3 home confinement benefit. It is too small to pay for the food, laundry, and domestic help that has to be provided in the home compared with an institutional confinement. It is also very wrong that mothers who arrange to be confined at home, but who are admitted to hospital for delivery, are denied the benefit even though they may be discharged home within a day or two of delivery.

A feature of our work during the last few years has been the setting up of a number of *panels on child health*, *tuberculosis*, and the *care of the elderly*. It has been thought advisable to include in this report accounts of typical meetings showing these panels (which are composed of representatives of various sections working in the particular field) and which allow the discussion, from several view points, of problems of the health of the people. Special panel meetings have also been held on topics such as the care of the diabetic and the care of the spastic.

Staffing.

It has been my unpleasant and sometimes monotonous duty during the past year to report the difficulty and frequently the impossibility of filling vacancies in the ranks of the technical staff of the department, such as health visitors, midwives, and sanitary inspectors. This difficulty is, of course, not confined to Salford alone. Many other authorities, particularly those which are usually classed as industrial areas, regularly experience the same trouble. The fact is, of course, as I have pointed out on a number of occasions, that whereas at present there are more vacancies in the country as a whole than there are qualified applicants, those individuals who seek posts of this nature can pick and choose the areas to which they apply and, human nature being what it is, they will normally and naturally apply for positions in which they think they will be most comfortable. Natural amenities, housing, cars or car allowances and, in some areas, by special arrangement, salaries higher than those approved without a special dispensation by the National Joint Council, all tempt applicants away from areas which are lacking in natural attractions and which have no other inducements to offer. It is worthy of note that during the last year health visitors have emigrated to other parts of the Commonwealth, *e.g.*, Canada, South Africa, Malta and Australia. The reasons for leaving the country have varied. In some cases they have been due apparently to a desire to see the world and enjoy fresh experiences ; in others, the officer has joined her husband abroad. While these departures increase the shortage of health visiting staff in this country, I feel that one should take a broader view and regard their settlement in other parts of the Commonwealth as a gain to the Dominions and the Colonies.

The less attractive areas in this country are generally precluded from offering the only other advantage which at one time they might have held, *i.e.*, the payment of higher salaries, by the operation of standard rates of remuneration fixed by Whitley Councils, etc. I can see little likelihood of a fair share of the limited numbers of qualified technical staff becoming available to typical industrial areas such as Salford, unless and until such authorities are permitted and, in fact, encouraged to offer higher salaries.

Day Nurseries.

In spite of the doubts raised in certain parts of the country early in the year 1953 as to the need or desirability of continuing to operate Day Nurseries,

it became obvious during that year that there would be no falling off in the wish of the public to find places for their children in day nurseries. Seven nurseries provided by the Corporation were filled to capacity throughout the year and in addition there was a considerable waiting list.

In June a new day nursery containing 50 places was opened in Bradshaw Street, Broughton. The Corporation now maintain a total of 370 places in the undermentioned eight nurseries :—

Nursery.	*Number of places.*
Hulme Street No. 2	45
Bradshaw Street	50
Wilmur Avenue	45
Eccles Old Road	45
Hayfield Terrace	50
Summerville Road	45
Fitzwarren Street	45
Howard Street	45
TOTAL	370

OCCUPATION CENTRES.

On 2nd November, 1953, a third occupation centre for mental defectives was opened in premises formerly known as the Friends' Meeting House in Langworthy Road, Salford. Having regard to the district mainly served by the new centre, it has since been decided to call it the Seedley Occupation Centre. The premises are bright and cheerful and have proved very suitable for the purpose of a junior mixed and senior girls occupation centre with a total of 36 places as follows :—

Junior mixed	24
Senior girls	12

The other centres in Muriel Street, Broughton, and in the Hope Congregational School, Liverpool Street, were well attended during the year. I think it worth while to call the attention of the Committee to the fact that, although the latter centre (for adult and adolescent males) was an entirely new, and perhaps unorthodox effort, so far as Salford is concerned, it has been a complete success and the staff employed there have done their utmost to establish the centre as a useful branch of the Salford Mental Health Service.

NEED FOR A NEW WELFARE CENTRE.

In the autumn of 1953 I felt justified in drawing the attention of the Health Committee to the need for a new welfare centre in the Bolton Road district, and pointed out that there is at present no such provision for residents in the Duchy Road Estate, which has developed considerably of recent years, or in the Bolton Road area between the Woolpack Hotel and Claremont Road. With the City Engineer I am enquiring into the possibility of finding a suitable site and the preparation of plans of a new centre of a suitable size at a reasonable cost.

AIR POLLUTION.

As a member of the Air Pollution Committee, I do not feel free to comment on the rejection, early in 1952, of Salford's smokeless zone proposals. However, great attention was again devoted to this difficult subject during 1953 not only locally where the evil effects of foul air on both human beings and property

are probably as pronounced as in any area in the country, but also on a national basis.

Although disappointed by the decision of the Ministry of Health not to confirm the Salford (Lower Kersal, Weaste, and Duchy Road) Smokeless Zones Order in 1952, the Health Committee, with great courage, decided to approve in September, 1953, of the designation of areas described as the "Ladywell" zone and the "Fairhope" zone as smokeless zones. These zones contain no fewer than 456 Corporation flats and houses, in which the Council have given authority to provide gas ignition.

This effort to reduce the pollution of Salford's air met with a better fate than its predecessor and was recently confirmed by the Ministry of Housing and Local Government with commencing effect from 1st January, 1955.

It is realised that the effect of the establishment of these zones will not be great in itself, but the approval of the principle by both the Council and the Ministry of Housing and Local Government is very important, and I hope will prove to be the beginning of greater things.

Immunisation Against Diphtheria.

On pages 112–3 of this report will be found a section dealing with this subject which is of such vital importance to every parent. It will be seen that no cases of diphtheria occurred in Salford during 1953, and I have every confidence in reiterating that this great improvement is due almost entirely to the propagation of immunisation against diphtheria. As a contrast I would quote the following extracts from the "Salford City Reporter," dated 9th February, 1954 :—

> "
> 50 Years Ago.
>
> "Protesting against delay in admitting diphtheria cases to "hospital, Mr. E. A. Burgess states that there were 348 cases last "year of whom 188 died."

I feel sure the Committee will agree with me that there is no need for further comment upon this statement and that every penny spent on diphtheria immunisation is well worth while.

The following rates for immunisation speak for themselves :—

Percentage Figures—1953.

0–5 *years.*	5–15 *years.*	0–15 *years.*
70·83%	99·67%	89·24%

Self-Help to Health.

While the impetus in the improvement of the health of the public has been made largely by local councils and their technical staffs, it should be remembered that a tremendous change has taken place in the use of leisure time. It is less than 50 years ago since public houses opened at 6 a.m. and did not close until 11 p.m. Alcoholic liquors were cheap and some men drank all day and were allowed to sleep on the bar parlour seats. No doubt owing to a certain extent to the lack of consideration by their husbands many women spent far too much time and money in public houses, from which even young children were not excluded. These habits must have had a most deleterious effect on the health of large numbers of men, women and children, with the consequential lowering of standards in their home conditions. While, of course, there is still room for improvement in some cases, I have no hesitation in saying that the care of parents for their homes and children has steadily

improved, and is responsible to a considerable extent for the improvement in the health of the people.

RE-HOUSING.

Many Salford houses are, of course, still below a reasonable standard of housing but I believe that the enlightened views of the Council upon this subject will see a tremendous improvement in the next 20 years. Salford has now only one aim so far as housing is concerned, and that is to ensure that every family has decent accommodation in which to live. The Housing Repairs and Rents Act, 1954, will, no doubt, add drive to efforts already made to re-house in better conditions a large proportion of Salford's population.

SICKNESS CLAIMS.

The number of sickness claims as recorded weekly by the Ministry of National Insurance is given in chart form. An astonishing drop in claims before a public holiday is an interesting social phenomenon. Why does it occur ?

I would like to pay a sincere tribute to all who have helped here in the promotion and preservation of health and the prevention of disease. This includes all those public spirited citizens who help in many ways. It includes many thousands of our mothers (and fathers) who co-operate with us. It includes the family doctors who have such a significant contribution to make in the care of Salford people.

To members of the staff (medical, nursing and administrative) not only for their work during the year but also for their account of it which appears in this report ; to my brother chief officers of the corporation ; to Dr. Parker and his staff of the Public Health Laboratory Service ; to the officers of many voluntary organisations ; and last but certainly not least, to you Mr. Chairman and members of the Health Committee, I offer my warmest thanks for their support during a memorable year.

I have the honour to be,

Your obedient Servant,

J. L. Brown.

Medical Officer of Health.

HEALTH DEPARTMENT,
143, REGENT ROAD,
SALFORD, 5.

CONTENTS.

STATISTICAL SUMMARY, 1953.

Area.—The City of Salford has a total area of 5,202 acres.

Pou lation.—(Registrar-General's Estimate at Mid-year, 1953) 173,900

„ (Census, 1951) 178,036

Density.—The Mean Density of the City is equal to 33·4 persons per acre.

Live Births	**Legitimate**	**1,438 Males,**	**1,356 Females**	2,794
	Illegitimate	**107** „	**63** „	170
			TOTAL..	2,964

Annual Rate of Births per 1,000 of the Population .. .. 17·0

Still Births	**Males**	**44**	**Total** 92
	Females	**48**	

Annual Rate of Still Births per 1,000 Total Births .. .. 30·1

Deaths	**Males**	**1,138**	 2,143
	Females	**1,005**	

Annual Rate of Mortality per 1,000 of the Population .. .. 12·3

Percentage of Total Deaths occurring in Public Institutions .. .. 48·7%

Deaths from Puerperal Causes :—	**Deaths.**	**Rate per 1,000 Total Births**
Puerperal Sepsis	..	..
Other Puerperal Causes	2	0·6
TOTAL..	2	0·6

Death-rate of Infants under one year of age per 1,000 live births :—

Legitimate, 30. Illegitimate, 71. Total 32

Deaths from Measles (all ages) .. ..

„ „ **Whooping Cough** (all ages) .. ..

„ „ **Diarrhoea** (under 2 years of age) 6

TABLE M. 4.

SHOWING THE BIRTHS IN THE CITY OF SALFORD, DEATHS OF LEGITIMATE AND ILLEGITIMATE INFANTS UNDER ONE YEAR OLD AND THE PROPORTION OF DEATHS UNDER ONE YEAR OF AGE PER 1,000 BIRTHS DURING THE YEARS 1938 TO 1953.

Years.	Births.			Percentage of Illegitimate Births to Total Births	Deaths under One Year.			Proportion of Deaths under One Year per 1,000 Births.		
	Total.	Legit.	Illegit.		Total.	Legit.	Illegit.	Total.	Legit.	Illegit.
1938	3145	3037	108	3·4	233	213	20	74	70	185
1939	2925	2808	117	4·0	202	194	8	69	69	68
1940	2884	2742	142	4·9	219	209	10	76	75	70
1941	2518	2377	141	5·5	240	215	25	96	90	177
1942	2823	2632	191	6·8	217	203	14	77	77	73
1943	3085	2863	222	7·2	214	203	11	69	71	50
1944	3251	3025	226	7·0	202	182	20	62	63	88
1945	3022	2749	273	9·0	183	168	15	61	61	55
1946	3849	3610	239	6·2	205	180	25	53	50	104
1947	4220	3973	247	5·9	258	240	18	61	60	73
1948	3761	3570	191	5·1	157	147	10	42	41	52
1949	3628	3387	241	6·6	193	181	12	53	53	50
1950	3354	3123	231	6·9	144	128	16	43	41	69
1951	3091	2881	210	6·8	107	103	4	35	36	19
1952	3100	2913	187	6·0	107	89	18	35	31	96
1953	2964	2794	170	5·7	95	83	12	32	30	71

TABLE M. 5.

SHOWING THE BIRTH-RATES, ALSO RATES OF MORTALITY FROM ALL CAUSES, FROM THE SEVEN PRINCIPAL ZYMOTIC DISEASES, AND FROM TUBERCULOSIS OF RESPIRATORY SYSTEM, CANCER, NERVOUS DISEASES, HEART DISEASES, BRONCHITIS, PNEUMONIA AND THE INFANT MORTALITY RATE DURING THE YEARS 1938 TO 1953.

Years.	Population	Rates per 1,000 Population from									Deaths under One Year to 1,000 Births.	Marriage Rate.
		Births.	Deaths, All Causes.	Seven Principal Zymotic Diseases	Tuberculosis of Respiratory System.	Cancer.	Nervous Diseases.	Heart Diseases.	Bronchitis.	Pneumonia.		
1938...	199,400	15·8	13·1	0·3	0·9	1·7	0·8	2·8	0·6	1·0	74	...
1939...	196,600	14·9	14·3	0·2	0·9	1·8	0·7	3·8	0·7	1·0	69	...
1940...	173,200*	16·6	19·1	0·3	1·1	2·0	1·1	5·3	1·7	1·2	76	...
1941...	159,720*	15·8	16·8	0·4	1·1	1·7	1·1	4·3	1·1	1·2	96	...
1942...	153,300*	18·4	14·5	0·4	0·9	2·2	1·0	3·4	0·9	0·8	77	...
Average 5 years		**16·3**	**15·6**	**0·3**	**1·0**	**1·9**	**0·9**	**3·9**	**1·0**	**1·0**	**78**	...
1943...	153,000*	20·2	15·7	0·3	1·0	2·2	0·9	2·7	1·9	0·9	69	...
1944...	155,810*	20·9	14·6	0·4	0·9	2·1	0·9	2·4	1·9	0·6	62	...
1945...	157,300*	19·2	15·5	0·2	0·9	2·0	0·8	2·2	2·9	0·8	61	...
1946...	169,470	22·7	13·3	0·2	0·8	1·9	0·9	1·8	2·0	0·6	53	...
1947...	174,070	24·2	13·3	0·4	0·8	2·0	0·5	2·1	1·9	0·6	61	...
Average 5 years		**21·4**	**14·5**	**0·3**	**0·9**	**2·0**	**0·8**	**2·3**	**2·1**	**0·7**	**61**	...
1948...	178,100	21·1	11·8	0·2	0·8	2·1	0·7	1·6	1·4	0·4	42	...
1949...	178,900	20·1	13·1	0·2	0·6	1·9	0·7	2·1	1·8	0·7	53	...
1950...	177,700	18·9	12·9	0·1	0·4	2·3	0·7	1·9	1·7	0·5	43	...
1951...	176,800	17·5	14·0	0·1	0·5	2·1	0·8	2·4	2·2	0·5	35	..
1952...	176,400	17·8	12·1	0·04	0·34	2·1	0·7	2·2	1·7	0·6	35	...
Average 5 years		**19·1**	**12·8**	**0·13**	**0·53**	**2·1**	**0·7**	**2·0**	**1·8**	**0·5**	**42**	...
1953...	173,900	17·05	12·32	0·05	0·30	2·2	0·6	2·09	1·98	0·84	32	...

* Civil population.

CAUSES OF DEATH—Registrar General's Return of Deaths in the City of Salford during the year 1953

	Males	Females	Total	Under 1 year	1 year and under 5 years	5 years and under 15 years	15 years and under 25 years	25 years and under 45 years	45 years and under 65 years	65 years and under 75 years	75 years and over
Tuberculosis—Respiratory	34	16	50	...	...	...	...	14	26	8	2
,, Other	2	2	4	...	...	...	...	2	1	1	...
Syphilitic Disease	4	3	7	...	...	...	...	...	2	3	2
Diphtheria	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infections	1	1	2	1	1	...	...	...	...	...	...
Acute Poliomyelitis	...	1	1	...	...	...	...	1	...	...	...
Measles	...	2	2	1	...	1	...	...	...	...	...
Other Infective and Parasitic Diseases	1	5	6	1	...	1	...	1	1	1	1
Malignant Neoplasm—Stomach	47	28	75	...	...	...	...	7	31	28	9
,, ,, Lung, Bronchus	72	9	81	...	...	...	...	4	44	23	10
,, ,, Breast	...	29	29	...	...	...	...	3	15	6	6
,, ,, Uterus	...	19	19	...	...	...	...	1	9	5	4
Other Malignant and Lymphatic Neoplasms	96	90	186	...	...	1	1	17	68	58	41
Leukæmia, Aleukæmia	5	2	7	...	1	...	1	2	2	1	...
Diabetes	3	10	13	...	...	...	...	...	3	4	6
Vascular Lesions of Nervous System	84	127	211	...	...	1	...	5	55	71	79
Coronary Disease, Angina	133	87	220	...	...	...	...	6	89	82	43
Hypertension with Heart Disease	21	18	39	...	...	...	...	1	5	14	19
Other Heart Disease	132	172	304	...	...	1	1	18	61	69	154
Other Circulatory Disease	37	50	87	...	...	...	1	3	12	24	47
Influenza	6	12	18	...	...	...	...	1	6	2	9
Pneumonia	68	61	129	22	3	...	2	1	24	42	35
Bronchitis	184	93	277	2	1	...	1	5	84	92	92
Other Diseases of Respiratory System	25	18	43	...	1	...	...	5	17	6	14
Ulcer Stomach and Duodenum	12	6	18	...	...	...	...	1	7	5	5
Gastritis, Enteritis and Diarrhœa	7	2	9	5	...	...	...	...	1	...	3
Nephritis and Nephrosis	8	11	19	...	...	...	2	2	11	3	1
Hyperplasia of Prostate	9	...	9	...	...	...	...	...	...	1	8
Pregnancy Childbirth, Abortion	...	1	1	...	...	...	...	1	...	...	...
Congenital Malformations	13	5	18	10	1	3	...	3	...	...	1
Other Defined or Ill-defined Diseases	93	97	190	52	2	2	4	11	27	33	59
Motor Vehicle Accidents	9	2	11	...	2	1	1	2	2	2	1
All Other Accidents	24	28	52	3	2	2	2	5	7	11	20
Suicide	10	1	11	...	...	...	...	6	5	...	...
Homicide and Operations of War	1	...	1	...	...	...	...	...	1	...	...
TOTAL	1,141	1,008	2,149	97	14	13	16	127	616	595	671

SANITARY CIRCUMSTANCES AND ADMINISTRATION

Housing

At the end of 1953 the operation of clearing the 15-acre Trinity Slum Area was nearing completion and representations in respect of five new clearance areas had been considered by the Council with a view to Orders being made early in 1954.

A section of the land in the Trinity Area has been redeveloped ; 48 flats in three blocks erected on cleared site were completed and occupied during the year. Other new properties for rehousing purposes were erected and occupied, *viz.* : three blocks of flats at Islington, four blocks of flats and ten houses in Broughton, the latter being built by direct labour. This year also saw the completion of the larger scheme at Ladywell which produced a total of 279 flats and maisonettes and four shops.

Much more rehousing of Salford people has been made possible by the completion of many houses and flats at Little Hulton and the several districts in Cheshire receiving Salford overspill.

It is expected that slum clearance will proceed with increasing momentum but there is so much worn out slum property in Salford that many years must elapse before complete reconstruction of the worst localities can be accomplished.

In the meantime, whilst unhealthy blocks are being cleared away, steps have perforce to be taken to keep in existence much dilapidated property by maintenance works carried out by owners or by the local authority in default of compliance with notices served. The Salford records show that, in 1953, by formal action, defects were remedied (*a*) by owners in 3,232 dwelling-houses ; (*b*) by the local authority in default on 1,932 houses.

Only 22 of the most hopeless dwellings have been demolished as a result of orders made under Part II of the Housing Act, 1936.

Up to the present, Public Health Act powers are invoked to secure remedy of defects and maintenance, but the proposed new legislation outlined in White Paper and Government Pamphlet as a measure to cope with this housing problem, which is common to all towns, is awaited with interest.

Disinfestation Service—Insects

The Salford Service has continued to function throughout the past year. It comprises two full-time operators, with two additional temporary men employed during a four months' summer peak period, using chemical insecticides. Both whole-time operators are licensed drivers and the staff move from job to job by motor van. The operations are supervised by one Inspector.

Reference to the appended tables will show what a large volume of work is accomplished in this field. The number of operations is roughly the same as the annual figures reported during the past few years, but there is some change in the nature of the work being carried out. The number of cases of

positive insect infestation coming to the notice of the Department is becoming steadily reduced year by year ; one example of this is that only 23 occupied Council dwellings, out of a total estate of 4,634, have been discovered to be infested and the figure of 23 includes 9 cases of earwigs.

It will also be observed that about half of this year's work has been devoted to precautionary treatment against dissemination of insect vermin, as for instance spray treatment of 383 lots of furniture prior to the removal of families to new homes either within the City or in overspill areas ; in 145 new homes in Salford, vermin proofing treatment has been applied before occupation. Also 113 houses have been cleansed prior to demolition.

Most of the canteen work recorded is summer fly proofing spray treatment.

Hence this service which has now functioned for ten years might more aptly be designated Insect Control rather than Insect Disinfestation.

There is nothing out of the ordinary to report concerning specific pests excepting possibly the fact that there is never a complaint of ants in this City, nor concerning insecticide formulations—the recognised formulations of D.D.T. and Gammexane continue to give satisfactory results.

TABLE 1

Insects attacked.	*Number of operations.*
Bedbugs	580
Cockroaches (B Orientalis and B Germanica)	329
Crickets	1
Flies (house and blow flies)	31
Fleas	23
Lice (body lice 7, and head lice 1)	8
Beetles in food	6
Mites	1
Wood boring beetles	5
Silverfish	1
Moths	2
Earwigs	10
Wasps	6
TOTAL OPERATIONS (Primary)	1,003

One thousand and three is the number of initial operations ; does not include repeat operations sometimes necessary ; nor does the figure include operations of public health precautionary nature, *e.g.*, flyproofing, Education Committee dining centres ; clearance area removals and demolitions ; routine spray treatment of refuse bins, courtyard and yard surfaces.

TABLE 2

Types of Premises.	*Number treated.*	*Totals.*
DOMESTIC PREMISES.		
Privately owned houses and flats (occupied)	432	
Council „ „ „ „ „	23	
House and shop premises	13	
Houses-let-lodgings	13	
Common lodging houses	3	
Allocation of Corporation tenancies—		
Treatment of furniture — 383		
„ „ new home — 145		
—	528	
Houses cleansed from vermin prior to demolition—		
In clearance areas — 107		
Individually unfit — 6		Domestic
—	113	premises
	—	1,125
NON-DOMESTIC PREMISES.		
Canteens, kitchens, etc.	77	
Restaurants, cafes, etc.	8	
Bakehouses	7	
Food shops	8	
Food stores	2	
Food preparing (sausages)	1	
Dairy	1	Food
Public houses	3	premises
	—	107
Factories	12	
Laundry	1	
Offices	2	
Shops other than food shops	5	
Schools	6	
School workshops	2	
Clubs	2	
Public buildings	1	
Stables	2	
Bus Depot	1	
Police Station	1	Miscellaneous
Upholsterer	1	premises
	—	36
HOSPITALS, ETC.		
Visits to three hospitals	92	Hospitals,
„ „ nurseries, clinics and institutions	15	etc.
	—	107
VERMINOUS PERSONS.		Verminous
Persons, clothing and bedding cleansed	8	persons
	—	8
TOTAL NUMBER OF PREMISES VISITED		1,383

With regard to the financial aspect of insect operations, a proportion of the expenditure incurred is borne by the Corporation in meeting the cost of clearance area disinfestation work, in the cleansing of verminous persons, and the treatment of premises occupied by impecunious people, but a substantial proportion of the expense is recovered from owners and occupiers of premises to whom invoices are rendered after the execution of work.

Smoke Abatement

A year ago it was thought that fifty years would elapse before atomic energy played a significant part in industry. It is now clear the Government is planning a chain of atomic power stations within a much shorter time than was thought possible a few years ago. The Minister of Works reference to

nuclear reactors paying their way within ten years is a startling indication of the speed of development, but it should not lull anyone into a belief that the nation will soon cease to be dependent upon coal for anything but a small portion of the energy needed to step up production commensurate with a high standard of living. Undoubtedly, nuclear reactors will eventually replace conventional coal burning furnaces, but even when the right type of reactor has been developed, it will be many more years before all thermo-electric power stations can be converted, let alone large industrial plant.

Neither is there any likelihood that coal will ever be burned smokelessly, but it can be done with a minimum of smoke, and that minimum amounts a chimney haze. Anything more represents wasted fuel and energy.

The tide of public opinion is now turning in favour of smoke abatement, though it is still somebody else's smoke everyone wants to get rid of. Something more than one " smog " disaster appears necessary before the " flood-tide " arrives.

During the last four years complaints of smoke nuisances in Salford have more than trebled, which might be taken to imply greater smoke production. More probably it indicates an awakening of public interest, for when consideration is given to the observation statistics for each of those years, there is good reason to believe that industrial chimneys in the City produce less smoke per ton of coal burned than formerly, but it cannot be suggested that the City's atmosphere is less smoky, for coal consumption continues to increase and all the smoke from which Salford suffers is not of its own making. Some of the observations recorded concern chimneys beyond the City boundaries, and credit must be taken for occasionally initiating action in adjoining districts.

Observations have more than doubled, and the percentage of black smoke emissions has fallen, those up to two minutes' duration from 20 to 16 per cent., periods of two to four minutes from 14 to 6 per cent., for four to ten minutes from 7 to 5 per cent., and those exceeding ten minutes from 3 to 1 per cent. Whether this is a safe criterion on which to base one's judgment that the quality of combustion has improved is doubtful, but the fact remains that in 1950 the number of chimneys observed to emit black smoke was 158 out of a total of 358, or 44 per cent., whilst of 849 observed in 1953, only 238 (28 per cent.) were guilty. For the cynically-minded it ought to be stated that little observation time is wasted on chimneys with clean records, of which there are a good number.

Assisted by rising coal prices, the forceful economic argument of achieving " smokelessness through efficiency " continually advocated, appears to have produced as good or better results than the injudicious wielding of the legal weapon. In any case national smoke abatement legislation is notoriously weak. It is almost incapable of application to certain trades and processes, a remark certainly true regarding movable objects like railway locomotives and shipping. Neither does it deal with domestic smoke control, which is only possible by Smokeless Zone application.

Time spent in discussing the subject with the men who make the smoke or, where the installation is faulty or lacking, in awakening and maintaining the interest of the management, is time well used. It is with some degree of satisfaction and pride that particular fruits of 1953 are exhibited ; cases where

there is sound proof that more efficient methods have effected astonishing economies in fuel, labour and maintenance. In one case, three Lancashire boilers now do the work formerly carried out by five, but coal consumption has fallen by fifteen tons per week, which together with labour and maintenance economies resulted in a saving of £850 during the first three months. This alteration cost £4,000 on a plant which is eighty years old. Another has reduced coal consumption by ninety tons per month using two boilers instead of three and expects to save a few more tons per month when the job is completed ; a third firm, by changing to mechanical stoking on one boiler, repairing flues, using a smaller induced draught fan and giving the young enthusiastic engineer more scope, has reduced coal consumption by three tons per week, and is so delighted that orders have been placed for the second boiler to be similarly treated. A fourth, by carrying out minor alterations to the grates of an underloaded boiler, has reduced coal consumption by over one ton per week. These are not the only cures effected. Four boilers have been shown capable of being operated on coke and now do so satisfactorily.

Work in progress or commitments entered into by Salford firms to abate black smoke or grit nuisances involve conversion of a long disused Lancashire boiler to a steam accumulator for equalising the steam load ; provision of economisers to cope with increased steam demand ; replacement of variably, though lightly loaded, Lancashire boiler by two underfired Cochrane boilers, installation of an oil-fired Economic boiler to take up the load when any of the other three are down for inspection or repair (double-shift work operates here and the very efficient plant is often overloaded). Another firm with a prominent chimney overlooking Manchester's smokeless zone has at last been persuaded to interest itself in a scheme for steam storage, a change in method for process heating and mechanised stoking. The estimated economies are such that the directors are somewhat sceptical and are consulting an independent authority before taking a decision.

It may surprise some to know that watch is kept on chimneys adjacent to but outside the City. One such chimney had been pumping dense black smoke and grit into Salford a long time. The firm, faced with possibility of prosecution, decided to build a new power plant. Unexpected delays appear unavoidable nowadays. Board of Trade sanction to capital expenditure was necessary, but not forthcoming until recently. Work is now in progress, but not until 1956 will the two water-tube boilers, each capable of evaporating 45,000 lbs. of steam per hour and costing about £250,000, take over from the eight Lancashire boilers now in use. Would prosecution have hastened Board of Trade sanction ? Departure to a depressed area in South Wales or Northern Ireland might have resulted—it was strongly advocated.

Cases such as those mentioned give some idea of the magnitude of the task confronting the puny force of less than 30 full-time smoke inspectors spread about the " black areas," assisted by some part-time officers, supported and encouraged by enthusiasts no longer styled as " cranks," endeavouring under the impoverished " Fumus Fugetur " banner to put over an idea which, judged purely on the material advantages, could mean the continued prosperity of the nation. To achieve greater productivity more and more energy will be required, not more man hours, and the most prolific source is that which is wasted.

Home coal production, hydro-electric power and nuclear fission cannot hope to satisfy future energy requirements for a long time and it is becoming

a matter of paramount importance for wastage to be reduced considerably. Six to seven million tons of coal could conveniently be saved in industry by applying modern methods of steam generation and a further two or three million by better utilization of the energy yield.

It is up to every manufacturer and every housewife to do it. The means are ready at hand in the form of modern industrial equipment and slow burning grates.

Industrial Black Smoke Nuisances.

Complaints	8
Observations carried out	849
Black smoke emissions recorded—	
Up to 2 minutes aggregate per observation	130
From 2 to 4 minutes aggregate per observation	54
,, 4 to 10 ,, ,, ,, ,,	45
Over 10 minutes aggregate	9
Observation Notices served	95
Abatement Notices served	1
,, ,, complied with	1
Inspection of furnace plant	31
Advisory visits	33

Nuisance from Industrial Smoke-not-Black.

Complaints	16
Observations	13
Nuisances detected	6
Abatement Notices served	4
,, ,, complied with	4
Inspections of furnace plant	14
Advisory visits	8

Grit, Ash and Dust Emissions.

Complaints	6
Nuisances detected	6
Observations and investigations	11
Abatement Notices served	—
,, ,, complied with	—

Prior Approval of Steam Generating, etc., Furnaces.

Details of five proposed new furnace installations were received during the year, three of which were approved. In the two rejected schemes the steam requirements were too near the maximum capacity of the installations.

Noxious Effluvia.

Five sources of air pollution by industrial fumes were detected during the year, all but one having been satisfactorily dealt with. The odours arose from vegetable dehydration, paint manufacture, lead reclamation and toy doll manufacture.

Fume emission problems often follow the train of new industrial processes. One such has so far defied all attempts to control it, but a solution may be found in catalytic oxidation, a new development claimed to have met with considerable success in U.S.A. and undergoing investigation here.

Shops Act, 1950

Arrangements for Health and Comfort of Shop Workers.

Thirty-five complaints were received regarding sanitary accommodation, washing facilities and the maintenance of a reasonable temperature.

These complaints were dealt with satisfactorily.

Early and Half-day Closing.

One hundred and fifty complaints were made regarding contraventions and these were investigated and warnings given. Apart from investigating complaints, visits were paid regularly to all shopping areas and the general position was comparatively satisfactory.

Sunday Trading.

Three shops were registered under Section 53, making a total of 42 shops occupied by persons observing the Jewish Sabbath and registered for Sunday trading. Two of these were warned regarding the necessity to close their shops at sunset on Fridays.

Complaints of Contraventions of Sunday Closing.

These entailed visits to shop keepers in certain areas with a view to their co-operation. The appeals were generally successful, but the position regarding " mixed " shops opening on Sundays is not a happy one and constant vigilance is necessary.

Milk and Dairies

This year has seen the end of the sale of undesignated milks as the " Specified Area " becomes a reality on 1st January, 1954.

As the Salford supply is already 100 per cent. designated milk, no undue hardship falls on the supplier, but the amount of raw milk being processed in the City is gradually becoming smaller. Of the four processing dairies, one has during the year sold the business to a large firm operating outside the City boundary. One of the remaining dairies has modernised the processing equipment by installing an H.T.S.T. plant in place of the old-fashioned and slower holder method, leaving a single dairy with this type of equipment, and this particular dairy is responsible for most of the failures. The failures have usually followed a breakdown in the plant and efforts are being made to persuade this firm to modernise its equipment.

The practice of bottling processed milk on separate premises has now disappeared and purveyors in a small way of business usually buy milk ready bottled by the large dairies.

More milk is being sold from shops. Dealers' licences show an increase of 32 during the year. The following licences in accordance with the Milk (Special Designations) Regulations, 1949, were issued during the year :—

Pasteurising Establishments	4
Sterilising ,,	1
Tuberculin Tested licences in conjunction with pasteurisers licences	3
Supplementary licences (wholesale and retail traders)	13
Dealers' licences (wholesale and retail traders)	8
,, ,, (milk shops)	790

Samples of milk taken from various points from processing to delivery gave the following test results :—

Test.	*Milk.*	*Number tested.*	*Passed.*	*Failed.*	*Per cent. failure.*
Phosphatase	Pasteurised...	374	370	4	1·6
Do.	Do. (T.T.) ...	140	139	1	·7
Turbidity	Sterilised	101	101	—	—
Methylene Blue	Pasteurised...	360	358	2	·55
Do.	Do. (T.T.) ...	138	138	—	—
Do.	T.T.	12	11	1	8·3
T.B. inoculation	T.T.	12	12	—	—

These figures show an improvement on 1952 and should continue to improve as equipment is modernised and the new legislation requiring milk to be bottled on the premises where it is processed and the withdrawal of the cardboard disc stopper become effective next year.

Sixty-nine milk bottles taken from washing machines were submitted for test during the year and all gave satisfactory results.

Food Premises

The tiling of butchers' shops, bakeries and meat manufacturing premises has been encouraged and further premises have been tiled during the year.

Tiled surfaces present a pleasing appearance, are easy to clean with little disruption of business and the first cost is usually the last. Many business proprietors have discovered this on following the Department's advice.

Display of Foodstuffs

During the year emphasis has been laid upon suitable display of foodstuffs.

Discrimination has been brought to bear as to the correct display conditions for the different kinds of foodstuffs. Particular attention has been given to the conditions under which meat and milk foods and " cream cakes " are exposed for sale. The practice of displaying food upon open counters has been discouraged.

Ice-Cream

The registrations for the sale of preprepacked ice-cream continue to rise whilst the number of manufacturers of hot mix ice-cream is declining. This no doubt is due to the stringent provisions of the Ice-Cream (Heat Treatment) Regulations, 1947-52.

The bulk of the ice-cream sold in the City is prepacked.

One hundred and twenty-five samples were taken during the year for testing by the Methylene Blue Test with the following results :—

Provisional Grade 1	95
,, ,, 2	8
,, ,, 3	12
,, ,, 4	10

Satisfactory samples were later obtained from those giving unsatisfactory results.

Summary of Food Poisoning Outbreaks, 1953

Total number of outbreaks	Number of cases	Number of deaths	Organisms or other agents responsible	Foods involved
Nil	Nil	Nil	Nil	Nil

Water

The water supply is obtained from the Manchester Corporation's reservoirs at Longdendale and Thirlmere. In general, the supply has been satisfactory in quantity and quality. For further details relating to quality see the City Analyst's report.

All dwellinghouses in the City have a piped water supply.

There are 51,664 dwellinghouses in the City and the population is 173,900. (Registrar-General's estimate at mid-year 1953).

Statistics

The following tables are included to give some idea of the nature and extent of the work carried out during the year :—

Nature of Inspection.	1953	1952
Sanitary defects (roofs, gutters, drains, etc.) under Public Health and Housing Acts	33,704	37,682
Sublet houses	1,054	619
Seamen's lodging houses	21	59
Common ,, ,,	34	42
Canal boats	11	5
Caravans	1	—
Factories with power	656	622
,, without power	43	60
Workplaces	33	57
Outworkers' premises	115	27
Shops Acts inspections	711	955
Schools	8	8
Cinemas, theatres, etc.	54	69
Public conveniences	720	636
Stables	21	19
Piggeries	21	22
Pet shops	47	6
Diseases of Animals Act inspections	7	14
Dairies	117	111
Food shops	2,187	3,087
,, stalls and vehicles	1,776	882
,, manufacturing premises	519	806
Restaurants and snack bars	345	641
Canteens (factories, schools, etc.)	183	1,624
Unsound food	820	628
Food samples and others	2,124	2,128
Infectious diseases	786	711
Food poisoning	127	155
Smoke observations	1,041	723
Miscellaneous	4,612	8,378
Offensive trades	—	6
Disinfestations	1,507	1,373
Housing Act inspections (Section 11)	157	294
,, ,, ,, (clearance areas)	1,462	434
TOTAL	55,024	62,883

List of Samples Taken

	1953	1952
Food and Drugs Act samples other than milk	364	312
Milk for Phosphatase Test	514	461
,, ,, Methylene Blue Test	510	335
,, ,, Fats and Solids-not-Fats, etc.	1,047	1,088
,, ,, Turbidity Test	101	121
Ice-cream	125	180
Fertiliser and Feeding Stuffs Act samples	16	11
Pharmacy and Poisons Act samples	6	5
Water supply samples	28	27
Swimming bath water samples	66	76
Rag flock samples	7	3
TOTALS	2,784	2,619

Complaints and Notices

	1953	1952
Complaints received	6,108	7,400
Statutory Notices issued	2,906	3,635
,, ,, abated	3,064	5,398
Intimation Notices issued	3,964	4,860
,, ,, abated	2,815	2,663

Factories Act, 1937

1. INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH.

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(1) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by the Local Authorities	116	27	3	Nil.
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	1,076	471	55	Nil.
(3) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	Nil.	Nil.	Nil.	Nil.
TOTAL	1,192	498	58	Nil.

2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars	Number of cases in which defects were found			
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector
Want of cleanliness (S.1)	6	...	5	1
Overcrowding (S.2)	...	...	...	...
Unreasonable temperature (S.3)	...	...	...	...
Inadequate ventilation (S.4)	1	...	1	...
Ineffective drainage of floors (S.6)	...	...	...	...
Sanitary conveniences (S.7)—				
(*a*) Insufficient	8	5	...	6
(*b*) Unsuitable or defective	72	33	...	22
(*c*) Not separate for sexes	3	3	...	...
Other offences against Act (not including offences relating to out-work)	...	...	...	...
TOTAL	90	41	6	29

Outworkers

SECTION 110—

Number of outworkers in August list required by Section 110 (1) ...	331
Nature of work—Making, etc., of wearing apparel	229
,, ,, ,, brass and brass articles	97
,, ,, ,, furniture and upholstery	5
Number of cases of default in sending list to Council...	Nil.
,, ,, prosecutions for failure to supply list...	Nil.

SECTION 111—

Number of instances of work in unwholesome premises	Nil.
,, ,, Notices served	Nil.
,, ,, prosecutions in respect of outworkers' premises	Nil.

Cases Heard before the Magistrates

Offence	No. of Cases	Decision of Magistrate
PUBLIC HEALTH ACT, 1936.		
(1) For failing to comply with the requirements of notices under Section 93 of the Act to remedy nuisances at dwelling-houses.	268	214 Nuisance Orders. 53 Withdrawn. 1 Adjourned *sine die*.
FOOD AND DRUGS ACT, 1938.		
(1) For selling milk deficient in fat to the extent of 28%.	1	Fined £5 0s. 0d. and £2 2s. 0d. costs.
(2) For selling lemon curd with a label declaring the ingredients to include fresh eggs and butter and there being no butter in the product.	1	Fined £15 0s. 0d. and £5 5s. 0d. costs.
(3) For selling "acetic acid" deficient of 45·2% acetic acid.	1	Fined £10 0s. 0d. and £2 1s. 0d. costs.

Unsound Food

The following articles were condemned during the year as unfit for human consumption :—

	1953 *lbs.*	1952 *lbs.*
Meat (canned)	9,273	9,653
Soups (,,)	198	428
Fish (,,)	546	1,888
Jams	27	175
Cereals (loose)	394	206
Milk (canned)	2,553	1,980
Vegetables (canned)	3,205	2,973
,, (loose)	—	55
Meat	2,071	868
Bacon	589	74
Fruits (canned)	9,743	22,226
,, (dried)	164	148
Cheese	460	1,192
Sauces	147	21
Biscuits	—	70
Butter and Fats	176	—
Dried Milk	18	—
Pickles	87	—
Confectionery	125	—
Poultry	56	—
Miscellaneous	3,465	631
TOTALS	33,297 lbs.	42,588 lbs.

SALFORD HOME SAFETY COUNCIL

During the year the Mayoress accepted the office of President. The Chairman, Mr. A. A. Ashton, the Chief Fire Officer, resigned, and Mrs. H. Southern, of 27, Longmead Road, Pendleton, was elected in his place. The co-operation of the City's Fire Brigade was maintained, an officer attending all meetings.

Members of the panel of speakers addressed meetings in Salford and the surrounding areas. Speakers are always available and any request for same should be addressed to the Secretary, 143, Regent Road, Salford. Five thousand bookmarks appealing for co-operation in the home were distributed through the Public Libraries.

Posters regarding accidents were prepared by Art Students at the Royal Technical College and at the High Schools in the City, and a number were displayed in the buses by permission of the Transport Manager.

The crusade, to reduce home accidents, to be effective, must have the co-operation of the public ; and the attitude of mind which regards accidents as " normal " must be changed.

Information is always available and any requests or advice will be welcomed by the Secretary.

CITY ANALYST'S REPORT

SUMMARY OF SAMPLES

Food and Drugs Act Samples from the City of Salford	1,312
Tests on Heat-Treated Milks	144
Fertilisers and Feeding Stuffs Act Samples...	16
Pharmacy and Poisons Act Samples	6
Waters (including Swimming Bath Waters)...	93
Contract Samples examined for the Purchasing Committee	141
Other Miscellaneous Samples	119
Tests connected with Investigations of Atmospheric Pollution ...	920
TOTAL	2,751
Samples from the Borough of Eccles	164
Samples from the Borough of Stretford	184
GRAND TOTAL	3,099

FOOD AND DRUGS ACT, 1938

Table 1 summarises the samples taken under the Food and Drugs Act, 1938, and the Defence (Sale of Food) Regulations, 1943. The percentage of adulteration was 3·7 compared with 4·3 for 1952.

Tables 2 and 4 list the adulterated samples and give a brief summary of the type of adulteration and the action taken.

The majority of samples submitted are purchased informally by the Sampling Officer, which results in less inconvenience and embarrassment to shopkeepers, etc., no division or sealing of the sample being carried out. Such samples are prefixed by the letter " B." If analysis reveals any irregularity the commodity is re-sampled formally, following the procedure set out in Section 70 of the Food and Drugs Act, 1938, i.e., dividing the sample into three parts and sealing each portion. It is only in respect of such formal samples that legal proceedings can be taken under the above Act. One of the three samples obtained in this manner is left with the vendor, one submitted to me, and the third sample is retained by the Sampling Officer for production in Court when in case of dispute it can be submitted to the Government Analyst.

TABLE 1

FOODS

Samples.	Number examined.	Number adulterated or otherwise giving rise to irregularity.		Per cent. adulteration.
		Preservatives only.	Other ways.	
Milk	1,047	—	31	3·0
Acetic Acid	2	—	2	100·0
Almond Paste	2	—	—	—
Almonds, Ground	3	—	—	—
Aspic Jelly Powder	1	—	—	—
Baking Compound	1	—	—	—
Beans in Tomato Sauce...	4	—	—	—
Beans in Tomato Sauce with Beef Sausage	1	—	—	—

TABLE 1—*Continued.*

Samples.	Number examined.	Number adulterated or otherwise giving rise to irregularity.		Per cent. adulteration.
		Preservatives only.	Other ways.	
Beef and Dumplings in Meat Gravy	1	—	—	—
Beef and Vegetables, Stewed	1	—	—	—
Butter	2	—	—	—
Cake Mixture	3	—	—	—
Cakes, Barm	2	—	—	—
Cakes, Currant Tea	2	—	—	—
Cheese	2	—	—	—
Cheese, Lactic	1	—	—	—
Chocolate, Drinking	2	—	—	—
Coca Cola Drink	1	—	—	—
Coconut, Desiccated	2	—	—	—
Cream	6	—	—	—
Cream, Synthetic	1	—	—	—
Currie Powder	1	—	—	—
Dripping	2	—	—	—
Energy Food	2	—	2	100·0
Fat, Cooking	2	—	—	—
Fish Cakes	2	—	—	—
Fish, Tinned	3	—	—	—
Flour, Self-Raising	9	—	—	—
Fruit Drink, Real	1	—	—	—
Grape Fruit Squash	1	—	1	100·0
Gravy Browning	1	—	—	—
Ice-cream	12	—	—	—
Ice Lollies	19	—	2	10·5
Jam	4	—	—	—
Jelly Creams	2	—	—	—
Jelly Crystals	1	—	—	—
Jelly, Table	2	—	—	—
Lemonade Crystals	1	—	—	—
Lemon Cheese	2	—	1	50·0
Lemon Curd	3	—	2	66·6
Lemon Juice	1	—	—	—
Lentils	3	—	—	—
Margarine	2	—	—	—
Marzipan, Golden	1	—	1	100·0
Milk, Condensed	4	—	—	—
Milk, Cultured	1	—	—	—
Mincemeat	7	—	—	—
Mincemeat, Wet	2	—	2	100·0
Mustard	1	—	—	—
Orangeade Crystals	1	—	—	—
Orange Drink, Whole	21	—	—	—
Orange Juice, Concentrated	1	—	—	—
Paste, Meat	3	—	—	—
Peas, Split	2	—	—	—
Pectin, Liquid Fruit	1	—	—	—
Pepper	3	—	—	—
Pepper Compound	1	—	—	—
Potato Crisps	2	—	—	—
Protein Food	1	—	—	—
Rice	5	—	—	—
Rice, Ground	1	—	—	—
Saccharin Tablets	2	—	—	—
Sage	1	—	—	—
Sago	1	—	1	100·0
Salmon, Potted	1	—	—	—
Sardines in Tomato Sauce	1	—	—	—

TABLE 1—*Continued.*

Samples.	Number examined.	Number adulterated or otherwise giving rise to irregularity.		Per cent. adulteration.
		Preservatives only.	Other ways.	
Sausage, Beef	6	—	—	—
Sausage, Pork	9	—	—	—
Soup, Tinned Strained	2	—	—	—
Suet, Beef	7	—	—	—
Sugar	2	—	—	—
Sugar, Icing	1	—	—	—
Sweets	2	—	—	—
Tapioca	2	—	—	—
Tea	10	—	—	—
Tomato Ketchup	2	—	—	—
Tomato Sauce	1	—	—	—
Tomatoes, Tinned	3	—	—	—
Treacle	2	—	—	—
Vinegar, Malt	3	—	—	—
Whipping Compound	1	—	—	—
Wine	2	—	—	—
TOTAL FOODS	1,282	—	45	3·5
DRUGS				
Ammoniated Tincture of Quinine	1	—	—	—
Baby Ointment	1	—	—	—
Bicarbonate of Soda	2	—	—	—
Borax and Honey	2	—	—	—
Borax, Powdered	1	—	—	—
Cod Liver Oil and Malt Extract	1	—	—	—
Cough Mixture, Children's	1	—	—	—
Dextrosal Tablets	1	—	—	—
Energy Tablets	2	—	2	100·0
Epsom Salts	1	—	—	—
Flu Powders	1	—	—	—
Friars Balsam	2	—	—	—
Glycerine, Honey, Oil of Lemon and Ipec	1	—	—	—
Glycerin of Borax	1	—	—	—
Malt Extract with Cod Liver Oil	1	—	—	—
Roboleine (Vitaminised Malt Extract)	1	—	—	—
Rose Hip Syrup	2	—	1	50·0
Seidlitz Powders, Extra Strong	1	—	—	—
Sulphur Tablets	2	—	—	—
Vita-Glucose Tablets	1	—	—	—
Vitamin C Tablets	2	—	—	—
Zinc and Castor Oil Ointment	2	—	—	—
TOTAL DRUGS	30	—	3	10·0
TOTAL FOODS AND DRUGS	1,312	—	48	3·7

TABLE 2

Milk Adulteration

No.	Nature of Adulteration.	Remarks and Action Taken.
B 2339	Deficient 10·0% non-fatty solids...	Formal samples taken, see A 383, A 388 and A 389 below.
A 383	Deficient 5·0% milk fat	These milks were naturally poor in non-fatty solids and the fat deficiencies had probably arisen in a similar way. A letter was sent to the Area Milk Production Officer.
A 388	Deficient 3·3% milk fat	
A 389	Deficient 6·6% milk fat	
B 2342	Deficient 3·3% milk fat	Further samples taken, see B 2519 to B 2522 below.
B 2519	Deficient 3·3% milk fat	Formal samples taken and found to be genuine ; supply kept under observation.
B 2520	Deficient 16·6% milk fat	
B 2521	Deficient 3·3% milk fat	
B 2522	Deficient 6·6% milk fat	
B 2347	Deficient 6·6% milk fat	Formal samples genuine.
B 2404	Deficient 13·3% milk fat	Formal samples taken, see A 398 and A 399 below.
A 398	Deficient 3·3% milk fat	Further formal samples taken, see A 422 below.
A 399	Deficient 8·3% milk fat	
A 422	Deficient 13·3% milk fat	"Appeal to Cow" samples taken, see Special Observations.
A 469	Deficient 28·0% milk fat	Fined £5 and ordered to pay 2 guineas costs, a total of £7 2s. 0d.
B 2676	Deficient 11·6% milk fat	Formal samples genuine.
B 2681	Deficient 15·0% milk fat	Formal samples genuine.
B 2682	Deficient 3·3% milk fat	Further samples genuine.
B 2683	Deficient 20·0% milk fat	Formal samples genuine.
B 2686	Deficient 8·3% milk fat	Formal samples genuine.
B 2688	Deficient 10·0% milk fat	Formal samples taken, see A 510 and A 514 below.
A 510	Deficient 5·0% milk fat	Further formal samples taken at a later date, see A 582 below.
A 514	Deficient 5·0% milk fat	
A 582	Deficient 14·0% milk fat	"Appeal to Cow" samples taken, see Special Observations.
B 3003	Deficient 10·0% milk fat	Formal samples taken, see A 569 and A 570 below.
B 3004	Deficient 3·3% milk fat	
A 569	Deficient 6·6% milk fat	Further formal samples taken, see A 602 below.
A 570	Deficient 10·0% milk fat	
A 602	Deficient 23·3% milk fat	"Appeal to Cow" samples taken and found to contain less than 3·0% of fat. Farmer advised to seek advice with a view to improving the quality of his milk.
B 3009	Deficient 3·3% milk fat	Formal samples genuine.
B 3263	Deficient 11·6% milk fat	Formal samples genuine.

The following samples of milk showed figures for non-fatty solids below the presumptive minimum limit of 8·5% non-fatty solids of the Sale of Milk Regulations, 1938, but were adjudged genuine (apart from any deficiency in fat) on the Hortvet freezing point test.

TABLE 3

Serial Number	Total Solids %	Fat %	Non-fatty Solids %	Freezing Point °C (Hortvet)	Acidity °Richmond
B 2347	11·20	2·90	8·30	—0·547	15
A 383	11·05	2·85	8·20	—0·554	16
A 384	13·00	4·60	8·40	—0·531	19
A 385	11·45	3·10	8·35	—0·538	15
A 388	11·20	2·90	8·30	—0·543	15
A 389	10·95	2·80	8·15	—0·530	15
B 2371	11·80	3·35	8·45	—0·534	17
B 2373	11·70	3·30	8·40	—0·534	17
B 2374	11·82	3·50	8·32	—0·535	16
B 2376	11·82	3·40	8·42	—0·534	16
B 2402	11·85	3·55	8·30	—0·537	16
B 2403	11·20	3·10	8·10	—0·541	15
B 2404	10·80	2·60	8·20	—0·538	15
A 398	11·00	2·90	8·10	—0·534	17
A 399	11·00	2·75	8·25	—0·529	16
A 400	11·75	3·45	8·30	—0·530	17
A 422	10·70	2·60	8·10	—0·534	15
A 423	11·40	3·20	8·20	—0·537	15
A 440	11·45	3·10	8·35	—0·534	17
B 2517	11·45	3·00	8·45	—0·549	16
B 2518	11·00	2·85	8·15	—0·547	16
B 2519	11·30	2·90	8·40	—0·539	19
B 2520	10·90	2·50	8·40	—0·541	16
B 2521	11·35	2·90	8·45	—0·548	17
B 2522	11·10	2·80	8·30	—0·547	16
B 2529	11·55	3·15	8·40	—0·535	19
B 2535	11·55	3·10	8·45	—0·537	15
A 447	11·65	3·35	8·30	—0·547	18
A 450	11·50	3·20	8·30	—0·544	16
A 452	11·55	3·15	8·40	—0·542	17
A 453	11·25	3·10	8·15	—0·539	18
A 469	10·45	2·16	8·29	—0·530	17
A 477	11·30	3·00	8·30	—0·548	15
A 479	12·05	3·70	8·35	—0·561	16
B 2681	10·70	2·55	8·15	—0·548	20
B 2968	11·90	3·60	8·30	—0·547	18
B 3003	10·90	2·70	8·20	—0·557	15
B 3004	11·15	2·90	8·25	—0·558	15
B 3010	11·60	3·20	8·40	—0·546	16
A 569	11·05	2·80	8·25	—0·557	15
A 570	11·05	2·70	8·35	—0·552	15
B 3179	12·15	3·75	8·40	—0·547	15
B 3236	11·75	3·40	8·35	—0·539	16
B 3305	11·75	3·35	8·40	—0·543	17
B 3310	11·70	3·45	8·25	—0·539	18

Milk.

The average composition of the 1,047 samples analysed was as follows, the corresponding figures for the previous five years being given for comparison :—

	1948	1949	1950	1951	1952	1953	Minimum requirements
Fat %	3·48	3·49	3·51	3·57	3·53	3·52	3·00
Non-fatty Solids % ...	8·76	8·76	8·75	8·70	8·68	8·73	8·50
Total Solids %	12·24	12·25	12·26	12·27	12·21	12·25	11·50

Of the 1,047 samples analysed, 31 (3·0%) were unsatisfactory. Of these, 30 were fat deficient and 1 was deficient in non-fatty solids. Details of these milks are given in Table 2. None of the samples contravened the Preservatives Regulations.

Before any milk was reported upon as adulterated, as judged by deficiency in non-fatty solids, it was submitted to the Hortvet freezing point test (unless souring had occurred) and any samples with a freezing point less than —0·529° C were reported as being of poor quality but genuine (see Table 3).

At a first glance it would appear that the position as regards non-fatty solids content is satisfactory, until it is pointed out that a total of 45 samples were found to be deficient in non-fatty solids but were shown by freezing point tests to be genuine but poor quality milks, and hence could not be reported as adulterated. The nutritional loss to the public is, however, as great as if they were adulterated, with the further drawback that no way is available to the department of effecting any improvement by legal action. In such cases a letter is usually written to the Area Milk Production Officer in the hope that he can advise the farmer in question on how to improve the quality of his milk yield.

In past reports I have repeatedly advocated that the presumptive minimum standards for milk of the Sale of Milk Regulations, 1939, *viz.*, 3·00% for fat, and 8·50% for non-fatty solids, be made absolute minimum standards below which the composition of no milk should fall, suitable notice, of course, being given of this intention. In May, 1951, a " Working Party on Quality Milk Production " was appointed to examine the present structure of producers' prices for milk and to advise whether it is desirable and practicable to make revisions which would promote an improvement in the composition and quality of milk sold from farms in the United Kingdom. This report has now been presented to the Minister of Agriculture and Fisheries, the Minister of Food and the Secretary of State for Scotland. The following conclusions and recommendations were arrived at :—

(i) There has been some deterioration in the compositional quality of milk in England and Wales over the past thirty years, the decline in solids-not-fat being more marked than that in fat. Quality in Scotland remains high.

(ii) Much of this decline took place during the war and is due to the feeding difficulties then experienced. Neither the change in the breed distribution of the National Herd nor any deliberate policy of breeding for quantity regardless of quality have been main causes of the decline.

(iii) Considerable efforts have been and are being made to improve compositional quality and the decline appears to have been arrested in recent years, at least in some parts of the country. Nevertheless, there are still many producers who continue to produce poor milk and these producers must be encouraged to improve.

(iv) They were unable to recommend the introduction of a scheme for payment for milk on the basis of compositional quality.

(v) They recommended instead that producers and distributors should co-operate, with the assistance of Government Departments and the Research Institutes, in an effort to improve the compositional quality of milk, beginning with the poorest. They have outlined a scheme, the ultimate sanction of which would be the power to cancel the producer's contract. The working of such a scheme might be supervised in England and Wales by the existing Joint Milk Quality Control Committee, in Scotland by the Milk Marketing Boards, and in Northern Ireland by the Ministry of Agriculture for Northern Ireland.

(vi) They recommended that those concerned should, as soon as possible, pay as much attention to solids-not-fat records as they already do to fat records and they hoped that the Milk Recording Services will be able to make an early start with testing for solids-not-fat.

(vii) More research is needed into all factors affecting the composition of milk, particularly into the causes of low solids-not-fat.

(viii) A necessary foundation for progress is the maintenance of continuous records of compositional quality for all breeds and for all parts of the country.

(ix) They have also suggested that Food and Drugs Authorities should not initiate a prosecution for the addition of water to milk unless they have obtained an unfavourable result from applying the Freezing Point Test.

Although no definite scheme of standards has been made it is hoped that some improvement in the composition of milk will take place, but it seems to me that the above is an extremely long-term policy which is unlikely to result in better quality milk in the near future.

Below are outlined, as Special Observations, some of the more interesting cases of milk adulteration illustrating the procedure adopted in following up deficiencies and the *modus operandi* of investigating these cases.

Special Observations.

MILK, *Samples Nos. B* 2339, *A* 383, *A* 388 *and A* 389. Informal sample No. B 2339 represented one out of two churns of farmer's milk in course of delivery to a City dairy. On analysis the non-fatty solids content was found to be only 7·65% and hence on comparison with the minimum presumptive limit for non-fatty solids of the Sale of Milk Regulations, 1939, *viz.*, 8·50%, was 10·0% deficient in non-fatty solids. The freezing point (Hortvet) of —0·501°C shows this deficiency to be due to the presence of extraneous water. Formal samples of the whole of this farmer's delivery, representing nine churns, were obtained on the following day and the milk, although deficient in non-fatty solids, was shown by freezing point tests to contain no extraneous water. Three of the churns, represented by samples A 383, A 388 and A 389, were also slightly deficient in fat. The Area Milk Production Officer was notified of this poor quality milk.

MILK, *Sample No. B* 2404. This informal sample, representing one out of three churns of farmer's milk in course of delivery to a City dairy, was found on analysis to be 13·3% deficient in fat. Formal samples were taken, please see next paragraph.

MILK, *Samples Nos. A* 398 *and A* 399. These formal samples represented two of three churns of the above farmer's milk and, on analysis, they were found to be 3·3% and 8·3% deficient in fat respectively. In view of this continued fat deficiency the supply was kept under observation and further formal samples were taken after a short interval, please see next paragraph.

MILK, *Sample No. A* 422. This formal sample represented one out of three churns of milk from the above source and was found, on analysis, to contain only 2·60% of fat and was, therefore, on comparison with the presumptive minimum limit for fat, *viz.*, 3·00% of the Sale of Milk Regulations, 1939,

13·3% deficient in fat. The farm was visited by the Sampling Officer who took "Appeal to Cow" samples of the morning and evening milkings, which, on analysis, were found to satisfy the above Regulations.

Investigations at the farm revealed that the deficiency in fat had arisen as a result of the farmer's wife innocently taking a little of the milk from the top of the churns to use for breakfast. Since she did not stir the milk and it had been standing overnight this action seriously depleted the milk fat content. A warning letter was sent to the effect that legal proceedings would be undertaken should any similar happening occur in the future.

MILK, *Sample No. A* 469. This formal sample of sterilised milk, purchased at a shop in the City, was found, on analysis, to contain only 2·15% of fat. Hence, on comparison with minimum presumptive limit for fat of 3·00% of the Sale of Milk Regulations, 1939, the sample was 28·0% deficient in fat. Legal proceedings were instituted against the dairy company supplying the shop with the milk in sealed bottles. At the hearing before the Stipendiary Magistrate the defendant company were fined £5 and two guineas costs, i.e., a total of £7 2s. 0d.

MILK, *Samples Nos. B* 2688, *A* 510 *and A* 514. Informal sample No. *B* 2688 represented the whole of a farmer's supply of milk in course of delivery to a City dairy. On analysis, it was found to be 10·0% deficient in fat. Formal samples Nos. A 510 and A 514 represented two out of four churns of the above farmer's milk sampled on the following day and on analysis each sample was found to be 5·0% deficient in fat. In view of this result the supply was kept under observation and sampled again formally after a short interval, please see next paragraph.

MILK, *Sample No. A* 582. This formal sample represented one out of five churns of milk from the above source of supply. On analysis, it was found to be 14·0% deficient in fat. The average fat content of the whole consignment, however, satisfied the Sale of Milk Regulations, 1939, i.e., it was greater than 3·00%.

The farm was visited and "Appeal to Cow" samples taken which, on analysis, yielded results satisfying the above Regulations. It was obvious on inspecting the milking process at the farm that the arrangements to thoroughly mix the milk were unsatisfactory. In view of the fact that the consignment as a whole satisfied the Regulations and the deficiency in one churn arose through improper mixing a warning letter was sent to the farmer to improve his mixing arrangements. He has since purchased a proper plunger and subsequent samples have shown the quality of his milk to be satisfactory.

MILK, *Samples Nos. B* 3003, *B* 3004, *A* 569 *and A* 570. Informal samples Nos. B 3003 and B 3004 represented the whole of a farmer's milk supply in course of delivery to a City dairy. On analysis, they were found to be 10·0% and 3·3% deficient in fat respectively. In addition, the non-fatty solids content fell below the legal presumptive minimum of 8·50%, but freezing point determinations showed this not to be due to the presence of extraneous water. Samples Nos. A 569 and A 570 represent a formal sampling of this farmer's milk and analysis showed them to be 6·6% and 10·0% deficient in fat respectively. Again the quality of the milk was poor, the non-fatty solids content being less than the legal presumptive minimum, although no extraneous water was present. Further formal samples were taken at a later date, please see next paragraph.

MILK, *Sample No. A* 602. This formal sample represented one out of two churns of the above farmer's milk delivery taken a week later and it was found, on analysis, to contain only 2·30% of fat. Hence, on comparison with the minimum presumptive limit of 3·00% for fat of the Sale of Milk Regulations, 1939, it was 23·3% deficient in fat. The farm was visited and "Appeal to Cow" samples taken of both morning and evening milkings. Analysis of these samples showed the herd to be giving milk of both fat and non-fatty solids contents less than the presumptive minima prescribed by the above Regulations. A letter has been written to the farmer urging him to contact his local Agricultural Advisory Service with a view to improving the quality of his milk yield.

TABLE 4

ADULTERATED OR IRREGULAR SAMPLES (OTHER THAN MILK)

Sample No.	Description	Nature of Adulteration or Irregularity	Action Taken
B 2917	Acetic Acid 20% ...	Deficient 40·5% of acetic acid.	Formal sample taken, see A 559 below.
A 559	Acetic Acid 20% ...	Deficient 45·2% of acetic acid.	Fined £10 and ordered to pay £2 1s. 0d. costs, a total of £12 1s. 0d.
B 3171	Energy Food	Unsatisfactory label ...	Formal sample taken, see A 660 below.
A 660	Energy Food	Unsatisfactory label ...	See Special Observations.
B 2700	Grape Fruit Squash	Unsatisfactory label ...	Bottler written.
B 3287	Ice Lollies	Contained excess lead	Same manufacturer. See Special Observations.
B 3288	Ice Lollies	Contained excess lead	
B 3035	Lemon Cheese ...	Misleading verbal advertisement.	See Special Observations.
B 2464	Lemon Curd containing fresh eggs and butter.	False label since no butter was present.	Formal sample taken, see A 437 below.
A 437	Lemon Curd containing fresh eggs and butter.	False label since no butter was present.	Fined £15 and ordered to pay 5 guineas costs, a total of £20 5s. 0d.
B 3269	Golden Marzipan ...	Technical labelling offence.	Letter written to manufacturers who have undertaken to correct the label.
B 2474	Wet Mincemeat ...	Mixture of dried fruits only, not resembling the mincemeat of commerce.	Letter written to Ministry of Food. Formal sample taken, see A 472 below.
A 472	Wet Mincemeat ...	Mixture of dried fruits only, not resembling the mincemeat of commerce.	See Special Observations.
B 3063	Sago	Consisted entirely of tapioca.	Investigations showed that the sago had been wrongly labelled at the shop. This mistake was rectified.
B 2940	Energy Tablets ...	Deficient 20·0% of vitamin C.	Formal sample taken, see A 568 below.
A 568	Energy Tablets ...	Deficient 21·5% of vitamin C.	See Special Observations.
B 2888	Rose Hip Syrup ...	Deficient 70·0% of vitamin C.	See Special Observations.

ACETIC ACID 20%, *Samples Nos. B* 2917 *and A* 559. Pre-packed informal sample No. B 2917 was on sale to be diluted for culinary use. The acetic acid content was declared on the label to be 20%, but analysis revealed only

11·9% of acetic acid to be present. The sample was thus deficient in acetic acid to the extent of 40·5%. Accordingly, formal sample No. A 559 was obtained and analysis showed it to have an acetic acid content of only 10·95%, thus being 45·2% deficient in acetic acid. Legal proceedings were instituted in respect of this sample and at the hearing before the Stipendiary Magistrate the defendants were fined £10 and £2 1s. 0d. in costs, i.e., a total of £12 1s. 0d.

ENERGY FOOD, *Samples Nos. B* 3171 *and A* 660. Informal sample No. B 3171 bore a label to the effect that it consisted of " Grape Sugar, Cane Sugar, Cumarin, Vitamins 500 I.U. A., 20 I.U. D, 50 Micrograms B^1."

On analysis the sample was found to consist of invert sugar 77·3%, cane sugar 3·4%, water 19·2%, mineral matter and ether soluble matter making up the remaining 0·1%. It can be seen that invert sugar constitutes the main ingredient as opposed to grape sugar claimed on the label. In energy value, however, invert sugar and grape sugar may be considered as equivalent.

The Labelling of Food Order, 1953, in Part VI, requires that if a claim for the presence of vitamins is made then it should be stated in terms of such substance contained in each ounce of the food. In addition, Part I of the Second Schedule outlines the terms in which such statements must be made. In the case of the claim for vitamin B_1, the amount is stated in micrograms whereas it should be stated in milligrams (1 milligram = 1,000 micrograms).

Analysis showed vitamins to be present, but since the label does not state the amount of the product in which they were present no comparisons could be made.

Formal sample No. A 660 was nearly identical in composition to the above sample and the unsatisfactory labelling of the product was pointed out in a written communication to the distributors. In their reply they stated that they have stopped production and supply until they have taken advice regarding the labelling of this product and that they have withdrawn all stocks which were exposed for sale. In my opinion it is amazing that a firm in business in a large way and of good repute should launch such a product and conduct a sales campaign without first obtaining expert advice as to whether or not it conforms with the Food and Drugs and other legislation.

GRAPE FRUIT SQUASH, *Sample No. B* 2700. This informal sample, on analysis, conformed as regards composition with the Food Standards (Soft Drinks) Order, 1953, which stipulates minimum quantities of fruit juice and sugar and the maximum quantity of saccharin required to be present. It was not, however, in conformity with the Labelling of Food Order, 1953, in that neither the name and address nor the registered trade mark of the bottler were stated on the label. Enquiries at the shop where this article was purchased revealed the origin of the product and a letter was written to the bottler pointing out this labelling omission and in their reply they gave a written assurance that it would be rectified.

ICE LOLLIES. A survey of the composition and degree of metallic contamination of ice lollies has been carried out. Fifteen samples were analysed, which represented the commodities on sale in the City, since the majority of the shops are supplied by large manufacturers with the finished product ready for consumption.

They consisted of flavoured coloured sugar solutions, in some cases small amounts of fruit juice also being present. The sugar content varied from 3·3% to 16·1%, the distribution being as follows :—

4 contained sugar in amounts below 5%.
7 „ „ „ „ between 5% and 10%.
2 „ „ „ „ „ 10% „ 16·1%.

The remaining two samples consisted of diluted frozen coloured ice-cream containing 10% and 30% of ice-cream respectively, of composition as defined in the Food Standards (Ice-Cream) Order.

There was negligible contamination with copper, tin, or zinc, all the samples containing less than two parts per million of these metals. In addition, particular attention was paid to their lead contents which were estimated spectrophotometrically. The following results were obtained :—

9 contained lead in amounts below 0·25 parts per million.
2 „ „ „ „ between 0·25 and 0·50 parts per million.
3 „ „ „ „ „ 0·50 „ 0·75 „ „ „
1 „ „ to the extent of 1·2 parts per million.

These results, with the exception of the sample containing 1·2 parts per million of lead, can be regarded as satisfactory, but constant testing of these frozen confections is necessary as was instanced by the following samples.

Ice Lollies, *Samples Nos. B* 3287 *and B* 3288. Shortly after completing and reporting the above analyses four further samples of ice lollies were submitted and, of these, two contained lead in amount greater than 1 part per million. Sample No. B 3287 contained 3·0 and sample No. B 3288 4·8 parts per million of lead. Both these samples were products of the same manufacturer, whose lollies had previously been found satisfactory as regards lead content. These results were communicated by letter to the vendor who immediately arranged for the manufacturer to collect his remaining stock. I understand that the manufacturer is in the process of reorganising his methods and changing over to aluminium moulds. In view of these results a strict sampling arrangement of ice lollies is to be maintained in this City, and in addition it is hoped that standards of composition and limits for lead will be fixed in the near future for these articles.

Lemon Cheese, *Sample No. B* 3035. On analysis, this informal sample was found to conform with the Food Standards (Preserves) (Amendment) Order, 1949, as regards composition, and in the ordinary way would have been certified as genuine lemon cheese.

It was, however, being sold on the market, the vendor declaring it to contain butter. Sufficient fat was isolated from the sample to test for butter and there was found to be not more than 0·02% present, not, in my opinion, sufficient to justify the vendor's verbal statement.

A further visit to the market was made to obtain a formal sample and, although the article was still being sold, no extravagant claims as to its containing butter were made, and hence there was no point in obtaining a formal sample.

Lemon Curd Containing Fresh Eggs and Butter, *Samples Nos. B* 2464 *and A* 437. Informal sample No. B 2464 bore a statement on the label to the effect that it contained " Fresh Eggs and Butter." On analysis, the sample was found to comply with the Food Standards (Preserves) (Amendment) Order, 1949, as regards its composition. In view of the claim on the label the fat was isolated and examined for the presence of butter, but no significant amount was detected.

Analysis of the formal sample No. A 437 revealed it to be identical in composition with the informal sample above, again no significant amount of butter being present.

Legal proceedings were instituted in respect of the formal sample and at the hearing before the Stipendiary Magistrate the defendants were charged under Paragraph I of the Defence (Sale of Food) Regulations, 1943 and 1945, with giving a label which falsely described the article. The defendants claimed that a trace of butter was present and also pleaded a warranty defence since they had imported the lemon curd from Ireland and understood that it conformed with the Food and Drugs Act and other legislation. The Stipendiary Magistrate, in announcing a conviction, stated that he was not satisfied that the defendants had taken all reasonable steps to ensure that the label was an accurate description of the lemon curd. They were fined £15 and 5 guineas costs, i.e., a total of £20 5s. 0d.

Golden Marzipan, *Sample No. B* 3269. This pre-packed informal sample bore a label stating that the ingredients were "Almonds, Sugar, and Edible Colour." The Labelling of Food Order, 1953, Part II, Section 4 (3) (b) states : " In the case of a food made of two or more ingredients the common or usual name (if any) of the food and the appropriate designation of each ingredient, and, unless the quantity or proportion of each ingredient is specified, the ingredients shall be specified in the order of the proportion in which they were used, the ingredient used in the greatest proportion (by weight) be specified first."

Analysis showed sugar to be present in the greatest proportion and hence the label should read " Containing Sugar, Almonds, and Edible Colour." A letter pointing out this technical offence has been written to the manufacturers. Their reply indicated that they only manufacture for re-sale over the grocer's counter during the last three months of the year. They have undertaken to correct the label when they manufacture again.

Wet Mincemeat, *Samples Nos. B* 2474 *and A* 472. Informal sample No. B 2474 consisted of a heterogeneous mixture of Suet 2·5%, Currants and Raisins 62%, Apple and Apple Peel 10%, and Sugar 25·5%. In my opinion a mere mixture of the commoner ingredients of mincemeat does not constitute mincemeat, and the justification for the use of the adjective " wet " is not apparent since all the ingredients are in the dried state and in its present form it does not resemble the mincemeat normally on sale to the public. A letter was written to the Ministry of Food pointing out the anomalous nature of this product and asking for their views since it was imported into this country under licence. The Ministry of Food in reply said that it was imported under open General Licence described as " Irish Dry Mix," and remarked that if I would certify that the sample was not mincemeat in its traditional form a prosecution under Section 3 of the Food and Drugs Act, 1938 (not of the nature, quality, or substance demanded) could be undertaken.

Accordingly formal sample A 472 was purchased and analysis showed it to be a similar product to the informal sample above. I did not, however, feel satisfied about the procedure and decided to make further enquiries about this product with the following results. The sample was imported as and invoiced to the retailer as " Mincemeat Concentrate," the sale of which is permitted to the general public. The term " Wet Mincemeat " was applied to the product by the retailer without any justification and if it had been sold as invoiced, i.e., " Mincemeat Concentrate," I would not have taken exception to this term. The retailer has been interviewed and has given a written assurance that he will sell it as invoiced.

ENERGY TABLETS, *Samples Nos. B* 2940 *and A* 568. Informal sample No. B 2940, on analysis, was found to consist of glucose fortified with vitamins C and D and flavoured with oil of orange. The carton containing the tablets bore a declaration to the effect that each tablet contained 12·5 milligrammes of vitamin C, but analysis showed only 10·0 milligrammes per tablet to be present ; there was thus a deficiency of 20·0%.

Formal sample No. A 568 was similar in composition and contained 9·8 milligrammes of vitamin C per tablet, the deficiency in this case thus being 21·5%.

The manufacturers were interviewed and admitted the deficiency, but asked for the fact that the retailer had had them in stock for eleven months to be taken into consideration. Recently, they had increased the vitamin content and packed the cartons in " pliofilm " to overcome any losses consequent upon storage. They agreed at the interview to label all outer boxes of tablets with the following precautionary notice : " To ensure satisfaction these tablets should be stored in a dry place and sold within six months." This agreement has since been submitted in writing by the manufacturers.

ROSE HIP SYRUP, *Sample No. B* 2888. This informal sample, on analysis, was found to contain 60 milligrammes of vitamin C in 100 millilitres of syrup. The label declared the product to contain 200 milligrammes of vitamin C in 100 millilitres of syrup and the sample was, therefore, 70·0% deficient in vitamin C. A small amount of mould was present on the cardboard circle which slots into the snap metal cap. The shop was visited and it transpired that this was the only bottle left and that it had been in stock for over two years.

SAUSAGE. The Meat Products Order, 1952, required beef sausage and pork sausage to have minimum meat contents of 50% and 65% respectively. On 1st March, 1953, the above Order was revoked and replaced by the Offals in Meat Products Order, 1953, which only prohibited the use of certain offals in the preparation of uncooked open meat products. In this latter Order no standards of meat contents for sausages or canned meat products are prescribed and, with this in view, a survey of the composition of sausages on sale in the City has been made since the abolition of standards.

The majority of sausages on sale in the City are manufactured by nine large concerns who distribute them to butchers and grocers. In the case of beef sausage, meat contents ranging from 52·8% to 70·8%, and pork sausage ranging from 62·3% to 81·2% meat content were obtained on analysis. This increased quality was also being sold by butchers who made sausages on their

own premises, the meat contents of beef and pork sausages ranging from 58·3% to 64·5% and 67·1% to 71·2% respectively. In no case was the Preservatives in Food Order contravened.

Orange Drinks retailed by Dairy Companies in the City. As a consequence of the widespread sale of these drinks in the City, and the fact that parents were giving them to their children in place of the welfare orange juice concentrate, analyses were made of the six different brands which were being sold. Below is a summary of the analytical results.

Sample No.	1	2	3	4	5	6
Vitamin C, milligrammes per fluid ounce	1·25	0·73	0·33	0·27	0·99	0·66
Orange Juice %	15	20	12	10	5	30
Cane Sugar %...	5·58	2·78	4·60	8·59	7·47	1·96
Invert Sugar %	0·55	0·49	1·48	0·51	0·54	8·77
Preservative, p.p.m.—						
(1) Benzoic Acid...	—	—	150	50	—	—
(2) Sulphur Dioxide	50	60	—	—	50	30
Saccharin %	0·0008	0·008	0·004	0·0006	0·0006	0·0006

It can be readily be seen that the samples consist of diluted orange juice sweetened with cane sugar and a little saccharin and preserved with sulphur dioxide or benzoic acid.

The low vitamin content leads me to the conclusion that the drinks are made from imported orange juice or pulp, which would contain preservative and probably saccharin and I think the preservative present is accounted for by this, it not being a subsequent addition when the drinks are made up. The samples do not infringe the Preservatives Regulations, and also conform with the Soft D.inks Order, 1947.

Whilst they are a refreshing and palatable drink they cannot be regarded as a source of vitamin C, but are purely and simply soft drinks.

The drinks are sold in one-third pint bottles at a price of 5d., but 2d. is returnable on the bottle, the drink thus costing 3d.

Ice-Cream. The Food Standards (Ice-Cream) Order, 1953, came into operation at the beginning of June, its effect being to raise the minimum amounts of fat and milk solids other than fat previously specified by the Food Standards (Ice-Cream) (Amendment) Order, 1952. Thus the minimum fat content was to be increased from 4% to 5%, the minimum milk solids other than fat from 5% to 7·5%, the minimum sugar content remaining the same at 10%.

Twelve samples were analysed during the year, and all were found to be genuine. Their average composition was fat 8·0%, sugar 13·6%, and milk solids other than fat 8·6%, which is considerably in excess of the above minimum legal requirements.

OTHER ANALYSES

Salford Drinking Water and Swimming Bath Water.

Twenty-seven samples of drinking water were examined in the course of the usual monthly full chemical analysis of the public supply. Water is supplied to the City by Manchester Corporation Waterworks from service reservoirs

at Prestwich (Thirlmere water), at Gorton Lower (Longdendale water), and Audenshaw (mixture of Thirlmere and Longdendale water). Water is supplied to Pendleton and Broughton from the Prestwich reservoir, whilst the water supplying the remainder of the City is either Longdendale water or a mixture of Thirlmere and Longdendale water. Average figures of composition, compiled from monthly analyses, are as below :—

TABLE 5

(All results except the pH value are expressed as parts per million)

Source	Thirlmere	Longdendale
Total Solid Matter	43	85
Chlorine as Chloride	6·0	10·0
Ammoniacal Nitrogen (as N)	0·01	0·08
Albuminoid Nitrogen (as N)	0·03	0·06
Nitrate Nitrogen (as N)	0·26	0·59
Nitrite Nitrogen (as N)	Nil	Trace
Oxygen absorbed from permanganate solution at 27°C. 3 minutes	0·32	0·93
Oxygen absorbed from permanganate solution at 27°C. 4 hours	0·69	1·83
Carbonate Hardness	14·0	14·0
Iron	0·13	0·37
Residual Chlorine	0·01	0·06
pH Value	6·9	7·2
Physical Characteristics	Clear and colourless.	Faintly turbid or opalescent. Slight deposition on standing.
Microscopical Appearance of Deposit	—	Fine mineral particles, a little vegetable debris, a few diatoms and algal cells.

All the samples submitted were found to be practically free from lead. It will be noticed from the above analytical figures that the Longdendale supply contains much more iron than the Thirlmere supply. Although this iron is originally in solution, under certain conditions it can be deposited, giving rise to complaints of dirty water, the " dirt " consisting of flocculent iron hydroxides and carbonates. This is not harmful, but it is a disadvantage in laundry work where it can lead to the typical brown stains on fabrics known as " iron mould."

At all the public swimming baths in the City the water is subjected to chlorination to ensure the absence of micro-organisms of water-borne diseases and samples from the various baths are regularly submitted to this laboratory. Sixty-six samples were submitted during the year of which fifty samples showed a satisfactory level of chlorination, ten were over-chlorinated and six under-chlorinated.

Contract Samples Submitted by the Purchasing Committee.

One hundred and forty-one samples were analysed during the year ranging from foodstuffs such as meat extracts, preserves, custard powder, etc., to commodities typified by soaps, polishes, sweeping compounds. Although the advertisements asking for tenders to be submitted to the Corporation usually set out a specification which is drafted by this department, many products

submitted failed to satisfy the standards required. Reports are submitted to the Purchasing Committee thereby enabling them to place their orders to the best advantage.

Fertilisers and Feeding Stuffs Act, 1926.

Ten fertilisers and six feeding stuffs were submitted under the above Act. Two of the fertilisers failed to comply with the statutory statements supplied with them, and two of the feeding stuffs were deficient in oil content after allowance had been made for the limits of variation prescribed in the Fertilisers and Feeding Stuffs Regulations, 1932.

Pharmacy and Poisons Act, 1933.

Three samples of ammonia and three of phenolic type disinfectant were examined and all were found to be in compliance with the Act.

Miscellaneous Samples.

Thirty-four samples were submitted by the Health Department for examination and eighty-six samples were analysed on behalf of neighbouring authorities. Fees of £118 2s. 6d. were charged for these latter samples and paid to the Health Department.

ATMOSPHERIC POLLUTION

Special atmospheric deposit gauges, which measure the rainwater and the dirt from the atmosphere brought down by the rain, are situated at four different points in the City. The collected dirt is separated from the water and submitted to a lengthy analysis whereby it is split into its component fractions consisting of tar, combustible matter and grit or ash, whilst the separated rainwater is examined for soluble impurities, chlorides, sulphates, and its pH value, which latter is a measure of its acidity or alkalinity.

TABLE 6

DEPOSIT GAUGE OBSERVATIONS

Monthly Averages—Tons per Square Mile

	Salford : Broughton M.S. School.	Salford : Ladywell Hospital.	Salford : Drinkwater Park.	Salford : Vine Street, Kersal.
Rainfall in inches	2·42	2·24	2·83	2·83
Insoluble matter. Tar	0·27	0·22	0·22	0·19
Insoluble matter. Carbonaceous matter other than tar ...	4·29	7·94	7·61	3·81
Insoluble matter. Ash	9·44	14·76	19·63	13·02
Insoluble matter.	14·00	22·92	27·46	17·02
Soluble Matter	5·47	7·81	14·45	6·20
Total Solids	19·47	30·73	41·91	23·22
Chlorides (Included in soluble matter.)	1·18	1·27	2·62	1·20
Sulphates (Included in soluble matter.)	2·09	3·14	4·11	2·54
pH Value	3·80	3·80	3·90	3·80

The above results show that the deposition of soot over the City is fairly uniform. The pH value of 4 indicates that the rainwater is acid in reaction, which accounts for its corrosive action on paint and buildings, the acid being derived from solution of sulphurous impurities in the air arising from the burning of solid fuel.

The sulphurous gases in the atmosphere were also measured directly at Regent Road and Ladywell Hospital by the " lead peroxide " method in which a surface of known area, so treated as to be sensitive to acid sulphur gases, is exposed under standard conditions. Every month the apparatus is changed and the amount of sulphur impurities determined ; the results are expressed as milligrammes of sulphur trioxide per 100 square centimetres of exposed surface. The table below shows the variation in the daily average throughout the year and the significantly greater amount present in the air during the winter months when fuel consumption is at its greatest.

TABLE 7

Month.	Milligrammes Sulphur Trioxide per 100 sq. cm. Daily Average.	
	Regent Road.	Ladywell Hospital.
January	6·62	4·02
February	3·18	3·12
March	3·70	3·86
April	2·96	2·04
May	2·83	2·03
June	3·63	2·28
July	3·52	2·12
August	3·56	2·23
September	3·77	2·47
October	5·74	4·14
November	5·83	4·69
December	5·88	4·30

Volumetric Apparatus for Sulphur Dioxide and Smoke.

This apparatus is of particular value since it measures directly the above impurities in the atmosphere from day to day. Air is pumped from the external atmosphere through a special filter paper and then through a solution of dilute hydrogen peroxide, both of which are changed daily. The solid particles of soot are trapped on the filter paper which is then compared with a series of standard papers from which the concentration of smoke in the atmosphere can be evaluated. The dilute hydrogen peroxide solution converts the sulphur impurities into sulphuric acid which can be estimated and expressed in terms of sulphur dioxide.

The results obtained are tabulated below, and again the heavy pollution during the winter is evident.

TABLE 8

DAILY AVERAGE CONCENTRATIONS OF SMOKE AND SULPHUROUS IMPURITIES EXPRESSED AS MILLIGRAMMES PER CUBIC METRE.

Month.	Smoke.	Sulphur Dioxide.
January	0·97	0·78
February	0·72	0·57
March	0·86	0·76
April	0·44	0·36
May	0·32	0·26
June	0·32	0·28
July	0·26	0·19
August	0·26	0·20
September	0·35	0·29
October	0·65	0·54
November	0·65	0·46
December	0·69	0·55

BOROUGH OF ECCLES

During the year, 144 samples were received from the above Borough for examination under the Food and Drugs Act, 1938. Details of these samples are given in the following table :—

TABLE 9

SAMPLES EXAMINED

Samples.	Number examined.	Number adulterated or otherwise giving rise to irregularity.		Per cent. adulteration.
		Preservatives only.	Other ways.	
FOODS.				
Milk	94	—	1	1·1
Butter	1	—	—	—
Cornflour	1	—	—	—
Cream, Fresh Whey	1	—	—	—
Cream, Pure	1	—	—	—
Cream, Synthetic	1	—	—	—
Egg, Dried	1	—	—	—
Fat, Compound Cooking	1	—	—	—
Fruit Drink	5	—	—	—
Ginger Ale, Dry	1	—	—	—
Gravy Browning	2	—	—	—
Ice-cream	2	—	—	—
Ice Lollies	4	—	—	—
Jam	2	—	—	—
Jelly, Table	2	—	—	—
Lemon Cheese	1	—	—	—
Mayonnaise	1	—	—	—
Orange Drink	3	—	—	—
Pepper, White	2	—	—	—
Pudding, Christmas	2	—	—	—
Pudding and Pancake Mixture, Yorkshire	1	—	—	—
Salad Cream	1	—	—	—
Sausage, Beef	3	1	—	33·3
Sausage, Pork	1	—	—	—
Suet Dumpling Mixture	1	—	—	—
Sweets	3	—	—	—
Vegetables, Mixed Dried	1	—	—	—
Vinegar, Distilled Malt	1	—	—	—
Vinegar, Malt	1	—	—	—
DRUGS.				
Epsom Salts	1	—	—	—
Iodised Throat Tablets	1	—	—	—
Quinine Tonic	1	—	—	—
TOTAL FOODS AND DRUGS	144	1	1	1·4

TABLE 10

ADULTERATED OR IRREGULAR SAMPLES

Sample No.	Description.	Nature of Adulteration or Irregularity.	Remarks and Action Taken.
1989	Milk	Deficient 2·7% non-fatty solids. Freezing point (Hortvet) —0·527°C.	Vendor cautioned to ensure that extraneous water is not present in his milk.
2019	Beef Sausage ...	Contained 210 parts per million of undeclared sulphur dioxide preservative.	See Special Observations.

Milk.

The average composition of the 94 samples analysed was as follows, the corresponding figures for the previous five years being given for comparison :—

	1948	1949	1950	1951	1952	1953	Minimum requirements.
Fat %	3·55	3·48	3·58	3·54	3·56	3·54	3·00
Non-fatty Solids % ...	8·69	8·72	8·73	8·70	8·66	8·68	8·50
Total Solids %	12·24	12·20	12·31	12·24	12·22	12·22	11·50

Of the 94 samples analysed only 1 (1·1%) was unsatisfactory, being deficient in non-fatty solids due to the presence of a small amount of extraneous water.

Special Observations.

BEEF SAUSAGE, *Sample No.* 2019. On analysis this informal sample was found to contain 210 parts per million of sulphur dioxide. Investigations at the vendor's revealed that owing to having the place decorated the notice stating that their sausage contained preservative had not been replaced. The shopkeeper was warned by letter of the necessity of displaying the notice whenever the sausage was being sold.

FROZEN CONFECTIONS. The Food Standards (Ice-Cream) Order, 1953, came into operation on 1st June, 1953, requiring ice-cream to contain not less than 5% fat, 10% sugar, and 7·5% milk solids other than fat. The two samples of ice-cream analysed were of a much higher quality than required by the standard. Four samples of ice lollies were also examined and found to consist of dilute coloured sugar solutions, and they were also free from any metallic contamination.

SWIMMING BATH WATER. A total of twenty-nine swimming bath waters were examined and of these eighteen were satisfactory, containing a trace of free chlorine. Difficulty was experienced during the summer months in maintaining a slight excess of free chlorine, since in order to accomplish this the amounts of chloramines in the water would rise to such a high level that the water might be irritating to bathers. Fortunately, as soon as the weather became cooler the chlorine levels returned to normal, but investigation has been continued and a new chlorinator is also being installed.

BOROUGH OF STRETFORD

During the year, 184 samples were received from the Borough of Stretford for examination under the Food and Drugs Act, 1938. Details of these samples are given in the following table :—

TABLE 11

SAMPLES EXAMINED

Samples.	Number examined.	Number adulterated or otherwise giving rise to irregularity.		Per cent. adulteration.
		Preservatives only.	Other ways.	
FOODS.				
Milk	86	—	1	1·2
Almonds, Ground	2	—	—	—
Baking Powder	2	—	—	—
Bread	1	—	1	100·0
Butter	1	—	—	—
Cheese Spread	2	—	—	—
Coffee and Chicory Essence	4	—	—	—
Coffee, Ground	2	—	—	—
Cream, Synthetic	2	—	—	—
Energy Food	2	—	2	100·0
Flour, Self-Raising	2	—	—	—
Fruit Crush	2	—	—	—
Fruit Pectin	1	—	—	—
Gravy Browning	4	—	—	—
Ice-cream	30	—	5	16·6
Ice Lollies	9	—	—	—
Jam	1	—	—	—
Jelly Powder, Concentrated	1	—	—	—
Lemon Cheese	1	—	—	—
Lemon Curd	1	—	—	—
Lollie-Kreme	1	—	—	—
Marzipan	1	—	—	—
Mint in Vinegar, Garden	1	—	—	—
Paste, Meat	2	—	—	—
Peanut Butter	1	—	—	—
Pork Sausages with Beans in Tomato Sauce	1	—	—	—
Saccharin Tablets	3	—	2	66·6
Sausage, Beef	3	—	—	—
Sausage, Pork	2	—	—	—
Vinegar, Pure Malt	1	—	—	—
DRUGS.				
Cough Mixture	2	—	1	50·0
Epsom Salts	2	—	—	—
Gregory's Powder	2	—	—	—
Seidlitz Powders	2	—	—	—
Syrup of Figs	2	—	—	—
Tincture of Iodine	2	—	—	—
TOTAL FOODS AND DRUGS	184	—	12	6·5

TABLE 12

ADULTERATED OR IRREGULAR SAMPLES

Sample No.	Description	Nature of Adulteration or Irregularity.	Remarks and Action Taken.
1378	Milk	Deficient 3·3% milk fat...	Formal samples taken and found to be genuine.
1363	Bread	Contained a dark deposit consisting of carbonised grease.	Trace of oil or grease gained access to the dough before baking.
1513	Engery Food... ...	Unsatisfactory label ...	Formal sample taken, see 1525 below.
1525	Energy Food... ...	Unsatisfactory label ...	See Special Observations.
1421	Ice-cream	36·0% deficient in sugar...	Bacterial decomposition, which would destroy sugar, had set in. Formal sample taken, see 1426 below.
1426	Ice-cream	3·0% deficient in sugar...	Further sample genuine.
1438	Ice-cream	Deficient 4·0% non-fatty milk solids.	Same manufacturer. Formal samples taken, see 1443 below.
1439	Ice-cream	Deficient 6·6% non-fatty milk solids.	
1443	Ice-cream	Deficient 2·1% non-fatty milk solids.	Manufacturer interviewed. Further samples found to be genuine.
1404	Saccharin Tablets ...	16·6% deficient in 550 saccharin.	Formal sample taken, see 1411 below.
1411	Saccharin Tablets ...	5·5% deficient in 550 saccharin.	Manufacturer written, see Special Observations.
1390	"All Fours" Cough Mixture.	Unsatisfactory label ...	See Special Observations.

Milk.

The average composition of the 86 samples analysed was as follows, the corresponding figures for the previous five years being given for comparison :—

	1948	1949	1950	1951	1952	1953	Minimum requirements.
Fat %	3·55	3·48	3·58	3·54	3·56	3·60	3·00
Non-fatty Solids % ...	8·69	8·72	8·73	8·70	8·66	8·71	8·50
Total Solids %	12·24	12·20	12·31	12·24	12·22	12·31	11·50

Of the 86 samples analysed only 1 (1·2%) was unsatisfactory, being deficient in fat content.

Special Observations.

SUNDA ENERGY FOOD, *Samples Nos.* 1513 *and* 1525. On analysis, informal sample No. 1513 was found to consist of invert sugar 77·3%, cane sugar 3·4%, water 19·2%, mineral matter and ether soluble matter making up the remaining 0·1%. Formal sample No. 1525 was similar in composition as follows : invert sugar 78·7%, cane sugar 3·4%, water 17·8%, mineral matter and ether soluble matter 0·1%.

Both samples bore a statement on the label to the effect that they consisted of : "Grape Sugar, Cane Sugar, Cumarin, Vitamins 500 I.U. A., 20 I.U. D., 50 Micrograms B^1." It can be seen from the analyses that invert sugar constitutes the main ingredient as opposed to grape sugar claimed on the label.

The Labelling of Food Order, 1953, in Part VI, requires that if a claim for the presence of vitamins is made then it should be stated in terms of such substance contained in each ounce of the food. In addition, Part I of the Second Schedule outlines the terms in which such statements must be made. In the case of the claim for vitamin B_1, the amount is stated in micrograms whereas it should be stated in milligrams (1 milligram = 1,000 micrograms).

Analysis showed vitamins to be present, but since the label does not state the amount of the product in which they are present no comparisons can be made. Incidentally the correct spelling for the flavouring is " coumarin," and vitamin B_1 should be written with the "1" below the level of the " B," not above as on the label.

The distributors were communicated with in strong terms and the hopelessly unsatisfactory nature of the label pointed out to them. In their reply they stated that they have stopped production and supply until they have taken advice regarding the labelling of this product and that they have withdrawn all stocks which were exposed for sale.

Ice-Cream. The Food Standards (Ice-Cream) Order, 1953, came into operation at the beginning of June, its effect being to raise the minimum amounts of fat and milk solids other than fat previously specified by the Food Standards (Ice-Cream) (Amendment) Order, 1952. Thus the minimum fat content was increased from 4% to 5%, the minimum milk solids other than fat from 5% to 7·5%, the minimum sugar content remaining the same at 10%.

A total of thirty samples have been analysed during the year, the average composition being fat 10·5%, sugar 13·1%, and milk solids other than fat 8·7%, which is very considerably above the minimum legal requirements stated above.

Ice-Cream, *Samples Nos.* 1421 *and* 1426. Informal sample No. 1421 was found to contain only 6·4% of sugar and, therefore, on comparison with the above Standard was 36% deficient in sugar. It was obvious, however, on inspection of the sample that bacteriological decomposition had set in and it is known that the sugar would be destroyed in this process. A formal sample (No. 1426) was obtained but analysis showed it to be only 3% deficient in sugar. The bacteriological grading of this manufacturer's ice-cream was also poor. When improvements were effected in this direction further samples taken at a later date were found to be genuine.

Saccharin Tablets, *Samples Nos.* 1404 *and* 1411. Informal sample No. 1404 was found, on analysis, to contain only 0·15 grains of saccharin per tablet. On comparison with the Saccharin Order, S.I. 1945, No. 945, which requires Standard Saccharin Tablets to contain not less than 0·18 of a grain and not more than 0·22 of a grain of saccharin, the above tablets were deficient in saccharin to the extent of 16·6% of the said minimum limit.

As a result of this finding formal sample No. 1411 was obtained, being found, on analysis, to contain 0·17 grains of saccharin per tablet. Thus on comparison with the minimum limit for saccharin of the above Order it was 5·5% deficient in saccharin. A warning letter pointing out that these tablets were not up to standard was written to the manufacturers. Incidentally, two months after completing these analyses the Food Standards (Saccharin Tablets) Order, 1953, came into force.

" ALL FOURS " COUGH MIXTURE, *Sample No.* 1390. This informal sample bore on the label the words " for the chest and lungs." The sample was offered for sale in response to a request for " 'All Fours ' Mixture " and had this designation printed on the label. In my opinion it is recommended as a medicine for the chest and lungs and, therefore, in order to comply with the Pharmacy and Medicines Act, 1941, a quantitative statement of its composition should be stated on the label.

Since, however, it was sold by a qualified pharmacist from registered premises, Section 12 of the above Act might be applied, in which case it could be ruled that no offence had been committed. The pharmacist, when interviewed, agreed to include a quantitative description of the ingredients on the label.

CARE OF MOTHERS AND YOUNG CHILDREN, DOMICILIARY MIDWIFERY SERVICE, HEALTH VISITING, HOME NURSING, etc.

Coronation. Coronation Year was commemorated among the mothers and young children of the City by presentation of souvenirs to the under fives and by tea parties for the mothers attending the centres.

Each child born on Coronation Day was presented with a silver spoon, suitably inscribed, and with the child's own name engraved on it. These were presented by the Mayoress, Mrs. J. Shlosberg, at a pleasant ceremony held at the Langworthy Centre.

Mass Miniature Radiography. Another event of the year was the Mass Miniature Radiography Survey which was held throughout the City. Special arrangements were made for all " new " expectant mothers attending the ante-natal Clinic to be X-rayed at the various units in the City. Special sessions were arranged and transport was provided to take the mothers to and from the units.

More details are given elsewhere in this report.

Family Guidance Clinic. Arrangements were made for a second family guidance session to be held at Murray Street Clinic. At first attendances were poor, but they have gradually improved.

Transfer of Records. A considerable amount of time is taken up in the Department by the transfer of records of children who removed from Salford to other areas. During the year, 941 children under five years removed from the City and only 337 children came into the City from other areas. We thus lost in Salford during the year, 604 of our under five population. This figure is likely to increase with increased removals from Salford to overspill areas outside the City.

Statistics

Birth Rate. The total number of births occurring in the City was 3,069, as compared with 3,161 in the previous year, giving a birth rate of 17·05. Of these, 1,283 were domiciliary and 1,786 institutional births.

Stillbirths. The number of stillbirths was very high, the total being 92, giving a rate of 30. An analysis of the causes of the stillbirths in domiciliary cases is given in the Midwifery Section of this report.

Infant Deaths. The infant death rate (32) was the lowest on record. Of the 95 infants who died before they reached the age of one year, 66 (69%) died in the first month of life. The principal causes of death were prematurity (36), respiratory diseases (23), and congenital defects (13) in that order. Of the thirty-six deaths certified as being due to prematurity, twenty occurred in the first 24 hours.

Maternal Deaths. Three Salford mothers died during the year as a result of conditions associated with childbirth. The causes of death were as follows :—

(1) I (*a*) Pulmonary infarction.
(*b*) Auricular fibrillation.
(*c*) Mitral stenosis.
II Parturition.

(2) Uræmia.
Acute tubercular necrosis.
Sub-arachnoid hæmorrhage.

(3) I (*a*) Cerebral anæmia.
(*b*) Peripheral circulatory failure.
(*c*) Ruptured ectopic pregnancy.

In the case of the second mother there had been no ante-natal care, and her relatives were apparently unaware that she was pregnant. She was found unconscious, having been delivered, unattended, of a stillborn child. Post-mortem examination revealed the cause of death to be as stated.

SUPERVISION OF MIDWIVES

(MIDWIVES ACT, 1951)

The following notifications have been received from midwives practising in the area.

INTENTION TO PRACTICE.

	Hospital	Municipal	Nursing Home	Private District	Total
As Midwife	39	21	1	1	62
As Maternity Nurse ...	—	—	—	2	2
GRAND TOTALS... ...	39	21	1	3	64

N.B.—C.M.B. year ends 31st January, 1954.

OTHER NOTIFICATIONS.

Form	Hospital	Municipal	Nursing Home	Private District	Total
Stillbirth	Not required	22	2	—	24
Death...	Do.	3 infants	—	—	3
Laying out of dead body...	Do.	18	1	—	19
Infection	Do.	36	1	1	38
Artificial feeding	151	78	—	—	229
Medical aid	Not required	572	—	—	572

DOMICILIARY MIDWIFERY SERVICE

Despite much controversy throughout the country regarding the best place for the birth of the new citizen and the tendency in some areas for more and more hospitalisation, the Salford Home Midwifery Service still remains in great demand and renders to the mothers and babies of the City a service, the value of which it is very difficult to estimate.

It has been gratifying to see that although the Midwifery Services of the country still remain the responsibility of three (and in some instances four)

statutory bodies, the link-up between each has developed along fairly satisfactory lines. The greatest setback to further progress is the increasing shortage of midwives both in hospital and district practice. The reasons for this tendency appear to be :—

1. The overworking of hospital staff due to increasing demands for hospital beds.
2. The uncertainty in the minds of midwives as to their future status in the domiciliary field.
3. Locally, the housing of the district midwife is the greatest problem.

General Arrangements.

The organisation of the Service is carried out by a non-medical supervisor of midwives and her assistant. The latter appointment was made on the 7th October, 1953, and became necessary because of a widening sphere of responsibility for the supervisor. Both supervisors work under the direction of the senior medical officer for maternity and child welfare.

Establishment.

As it is the responsibility of the midwives employed by the local health authority to provide an adequate service to mothers and babies in the area for a minimum period of fourteen days, which includes those patients discharged before the fourteenth day from hospitals, an increase of establishment was granted as from May, 1953. The appointment of such staff was not realised by the end of the year.

Present Establishment.		*Staff Situation, 31st December, 1953.*
Non-Medical Supervisor	1	1
Assistant Non-Medical Supervisor	1	1
Approved District Teachers	5	4
Non-Teaching Midwives	21	15
TOTALS	28	21

Domiciliary Midwives,	*1st January, 1953.*	*31st December, 1953.*
Number of practising Midwives	22	19

Sick Leave.

There has been a great increase during 1953 in the amount of sick leave per midwife. Comparative figures are as follows :—

	Total Sick Leave.	*Average per Midwife.*
1951	596 days	27 days
1952	340 ,,	15 ,,
1953	617 ,,	29½ ,,

It may be of interest to note that the amount of sick leave encountered in 1953 represents almost the equivalent of two midwives' work for a whole year. In addition, there is always one midwife operating the Night Midwifery Service. The fact remains, therefore, that the work of the Service has been maintained on a staff of eighteen midwives in which case curtailment of some aspects of the service has been necessary and the health visitor has done what she could to cover mothers and babies discharged early from hospital providing *nursing* care has not been necessary.

Liaison with Hospitals and General Practitioners.

This has shown steady progress especially in the relations with the hospital staff. A meeting (held alternate months) with the consultant obstetrician, superintendent midwife, senior medical officer for maternity and child welfare, and non-medical supervisor has resulted in a better understanding of each other's problems and has provided a better service to the mothers. Topical problems, such as the fair allocation of maternity beds, provision of nursing attention to hospital discharges, are only two of the items dealt with in these meetings.

The consultant pædiatrician, too, is kept closely acquainted with the activities and problems of the Midwifery Service through the Child Health Panel, which holds periodic meetings in the Health Department.

Liaison with general practitioner obstetricians is improving slowly but surely. The establishment of post-graduate courses in obstetrics in the local hospital for those doctors desirous of having their names entered on the obstetric panel have been instrumental in producing good relationships between two important members of the health team. The only weak link in the course is the inadequate amount of district work undertaken.

During the past twelve months, owing to staff shortage, it has been necessary to withdraw a midwife's services from a general practitioner's ante-natal clinic held in his surgery. Of the few patients that attended the sessions some were for gynæcological examination and the others were rarely the mothers booked by the midwife concerned. The only other ante-natal clinic of this type continues to thrive and give satisfaction.

One general practitioner still holds a weekly ante-natal session in a local authority clinic. This is well attended.

Items of mutual interest to midwives and general practitioners are usually given to the doctors through the medium of a " Weekly Bulletin," issued to them from the Health Department. These convey an invitation to post-graduate lectures on midwifery or pædiatrics organised by the department. The response from general practitioners has been poor.

Report on Work of Municipal Midwives

Ante-natal Care.

1. Clinics.

Routine examination of booked mothers, personal talks, demonstrations of the technique of gas and air analgesia administration continue to be given and the booking of doctors for maternity medical services has made very little difference to the attendances.

Sessions : forty-two every four weeks.	
Number of clinic attendances	4,539
,, ,, women who attended	1,703

The attendance of a midwife at a weekly session in a doctor's surgery is additional to the above.

2. Home Visiting.

This is where the greater part of the midwife's work has been done. Many and varied are the reasons for such visits, *e.g.* :—

1. Routine visits.
2. Investigation of home conditions on behalf of hospitals and the local authority.
3. Absence from ante-natal clinics—doctor's or midwife's.
4. For ante-natal care in special cases.

Thanks are due to the health visitors of the authority, who never fail to report to midwives social problems of which they are aware. Without this excellent co-operation the midwife's lot would be much more difficult, but more important still the patient gets continuity of care and the necessary advice and help she needs.

Number of ante-natal visits	10,827
„ „ home investigations in 1952	350
„ „ „ „ „ 1953	479

Analysis of Home Investigations.

Home Conditions	Booked	Not Booked	Not Known	Total
Good	16	91	33	140
Bad	175	2	36	213
Fair	66	23	9	98
Others	11	11	6	28
Totals	268	127	84	479

3. Exercises.

The help of the physiotherapists has been greatly appreciated in the provision of classes of instruction in three of seven ante-natal clinics, and also as part of the instruction given in mothercraft classes. Where organised classes have not been possible, the midwives have given individual instruction.

4. Mothercraft Classes.

A combined effort between health visitors, physiotherapists and midwives has resulted in the holding of three courses of instruction in mothercraft. The centres used were in different parts of the City and all domiciliary booked mothers were invited to attend. The courses each lasted for twelve weeks.

No one could enthuse over the numbers who attended, but useful information has been gained for further effort, i.e., a shorter course of instruction and to use one fairly central clinic.

Below are the attendance figures for the three centres :—

Centre.	*Total attendances.*	*Average number attending.*
Jutland House	48	4·3
Police Street Clinic	52	4·0
Murray Street	29	2·5

5. Bookings.

Bookings for the domiciliary service were lower in 1953 than in 1952, but were still higher than the figure for 1951. It is still too early to see any reaction to the payment of a £3 home confinement benefit granted by the Ministry of National Insurance as a result of recent legislation. Some dissatisfaction has been felt that mothers who elect to remain at home for confinement and subsequently are admitted to hospital for delivery are denied the £3 benefit when they return home for nursing care even though they may be discharged the day after the delivery. This seems grossly unfair when food, laundry and domestic help has still to be provided in the home.

Comparative Statistics.	*Number of bookings.*
1951	1,426
1952	1,544
1953	1,451

Deliveries.

Domiciliary confinements are still on the decrease, but the widening sphere of the district midwife's work necessitates a different method of estimating her duties than the old one of " number of cases per annum." The introduction of mothercraft, home investigations on behalf of hospitals, and the fact that midwives are now able to give more time to their mothers during labour—the last point being an absolute necessity whenever analgesic drugs are used—have produced a much more efficient service. It should also be noted that there have been a total of fifty-five mothers who were originally booked for home confinement who were eventually admitted to hospital during the latter weeks of pregnancy or during labour because of abnormality. Some of these were discharged shortly after delivery and were successfully nursed at home.

1. Comparative Statistics.

Cases Attended as :—

	Midwife.	*Maternity Nurse.*	*Total.*
1951	1,191	129	1,320
1952	1,212	105	1,317
1953	1,153	121	1,274

N.B.—In district practice in 1953, four births were notified by doctors and two by relatives. These are in addition to the above figures.

Births Attended to by District Midwives.

	Live Births.	*Still Births.*	*Total.*
1951	1,312	27	1,339
1952	1,324	7	1,331
1953	1,260	22	1,282

N.B.—The difference between the total cases and total births represents eight sets of twins.
Five miscarriages have received attention, but the greater part of the nursing care of the mothers has been in the efficient hands of the Home Nurse.

2. Analgesia.

Much interest has centred around this subject throughout the year in question. Reliable and some unreliable information has been placed before the public, but as far as the authority is concerned every effort has been made to give the mother confined in her own home every facility for the relief of pain in labour. Every midwife is trained in the use of gas and air analgesia and pethidine. The drugs are easily obtained by the midwife, both being provided by the local authority.

The figures for the year are not as good as they might be, but it is encouraging to record better statistics for the last quarter.

	Approximate Percentages.	
	For the year.	*For last quarter.*
Gas and air administration	56	70
Pethidine	26	35

3. Night Midwifery Service.

Shortage of staff has made it a little difficult to maintain an adequate night service, but the midwives booked for the case have always accepted the call when the supply of midwives on night duty has " run dry."

During the year the Night Midwifery Service dealt with 1,186 calls to cases and requested the services of a car on 896 occasions.

4. Stillbirths.

A rise in the number of stillbirths in domiciliary practice has occurred, but this was below that of 1951, i.e. :—

1951	27
1952	7
1953	23

The causes of stillbirths have been classified as follows :—

Causes.		
Congenital Abnormality.		
Anencephalous	2	
Hydrocephalus	4	
Multiple cranial abnormalities	1	
Meningocele	1	
Spina bifida	1	
	—	9
Asphyxia.		
Inhaled meconium	1	
Premature separation of placenta	1	
Post-maturity	1	
Born in membranes	1	
	—	4
Birth Injuries.		
Cerebral hæmorrhage	2	
	—	2
Other Causes.		
Placental abnormality	1	
Toxæmia	1	
	—	2
Unknown Causes	6	
	—	6
		—
Total		23
		—

The most outstanding feature with reference to the causes of stillbirths is the increase in the incidence of congenital abnormality. In 1952 only one such case was recorded, but in 1953 the number of abnormal infants exceeded the total number of stillbirths for the whole of 1952. For such a wide fluctuation to occur suggests that some common factor may be operating at one time and not at another. The theory of virus infection of the mother, probably a sub-clinical attack of which the mother is scarcely aware, may have some influence. As these infections are said to effect the fœtus in the first two months of pregnancy before the mother is likely to receive any ante-natal care, the

obtaining of accurate information is extremely difficult. As these infections only account for certain types of abnormality, much more research is required.

5. Emergency Maternity Service.

Of eight mothers who needed blood transfusions during or immediately after labour, six were admitted to Hope Hospital and two remained at home. All made a satisfactory recovery and the co-operation of the members of this team has been appreciated by the domiciliary staff.

Puerperium.

It has only been possible for the Domiciliary Midwifery Service to give nursing attention to mothers confined in their own homes and to hospital discharges that required special treatment. Staff shortages have made it necessary for health visitors to accept all other cases discharged from hospital under fourteen days.

Nursing attention was provided for the following discharges from hospital :—

	Cases.
Discharges under 10 days	33
,, between 10 and 14 days	28
Total	61
Total number of nursing visits (including hospital discharges)	23,516

The following items of importance are closely linked with the puerperal state, namely :—

1. Infection.

The following statutory notifications have been received from registered medical practitioners :—

	Hospital.	*District.*	*Nursing Home.*
Puerperal Pyrexia	6	4	1
Ophthalmia Neonatorum	—	2	—
Pemphigus ,,	1	—	—

Classification of Cases of Puerperal Pyrexia (domiciliary cases only).

Genital tract infection	2
Breast infection	1
Uriniary tract infection	1
Total	4

Comparative Figures.

Notifications of Puerperal Pyrexia.	1951.	1952.	1953.
Institutional	37	31	7
District	13	10	4

The two cases of ophthalmia neonatorum responded well to treatment and sight remained unimpaired.

Most cases of infection were transferred to the Home Nursing Service.

2. Breast Feeding.

This year's figures show an increase in the number of women who were wholly artificially feeding their infants by the fourteenth day of the puerperium.

In many cases the reasons were legitimate, but in other instances, such could not be said. Better co-operation between some members of the health team and further education of the mothers is required with reference to this problem.

The fall in complementary feeding with the corresponding rise in supplementary feeding might suggest that lack of time on the part of the midwives may have contributed to this situation.

Number of notifications of artificial feeding :—

	1952.	1953.
Complementary	42	19
Supplementary	48	57
TOTALS	90	76

3. NEO-NATAL DEATHS (up to fourteen days in domiciliary practice).

Of infants born at home and nursed entirely at home only three succumbed during the first fourteen days of life. Of these, two were premature (one only weighing 1 lb.) and the third, though full-time, died from an unknown cause.

4. MATERNAL DEATHS (in domiciliary practice)—Nil.

Medical Aid during Pregnancy, Labour and the Puerperium.

The midwives have once again appreciated the co-operation of general practitioners whether the medical assistance was part of the maternity medical services or as a result of a medical aid according to the Midwives' Act, 1951.

A doctor's help was sought on 572 occasions as follows :—

For the mother during pregnancy	57
,, ,, ,, ,, labour	296
,, ,, ,, in the puerperium	47
,, ,, infant	138

The doctor was booked for maternity medical services in 367 cases and was summoned in accordance with the Midwives Act, 1951, on 205 occasions.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-natal Clinics. The number of "new" cases at medical officers' ante-natal clinics has fallen this year—1,297—as compared with 1,387 in 1952.

In May, new arrangements were made for the carrying out of the routine blood tests. All specimens for the Wasserman now go to the Serological Laboratory at Withington Hospital. Specimens for Rhesus Factor and for Hæmoglobin Estimations still go to the laboratory at Hope Hospital.

The number of specimens taken during the year were :—

Wasserman	1,073
Hæmoglobin Estimations	1,147
Rhesus Factor	1,075

Only one mother was found to be Wasserman positive.

One hundred and fifty-nine were found to be Rhesus negative. Ten of these had antibodies and were referred for hospital confinement.

All Rhesus negative mothers are invited at or about the thrity-sixth week of pregnancy so that another specimen can be taken for the detection of antibodies.

Child Welfare Centres. Twenty-four child welfare and nine toddler sessions are held weekly.

Toddler Sessions. The attendances at these sessions have not been so good as in previous years, only 35% of the children invited attending for examination. This falling-off in attendances has occurred in all areas and it is difficult to find an explanation for it.

During the year a special survey was carried out at these toddler sessions and an effort was made to try to find out what proportion of the children had not attended child welfare centres regularly, and the reasons why they had not come to the centre, and also to find out how many of the children had taken vitamin supplements regularly, and how many had taken nothing at all.

The survey is the subject of a special report by one of the assistant medical officers, Dr. K. M. Boyes, but as the survey will not be completed until February, 1954, it cannot be included in this report.

At the Cleveland Centre, Dr. Brown made a special inquiry into the type of infant feeding of the children who were seen at the toddler sessions. Of the 228 children seen it was ascertained that 135 (59·2%) were breast-fed and 93 (40·9%) entirely artificially fed.

Of the breast-fed babies, five were breast-fed for under two months, three for more than two months but less than four months, and 100 (74%) for over four months.

Sixty per cent. of the mothers of the breast-fed children were regular attenders at the centre, 29% were irregular attenders, and 11% were non-attenders. The corresponding figures for bottle-fed babies were 59%, 28% and 13%.

Domiciliary Premature Baby Service. The care of the premature and immature child remains the responsibility of two midwives specially trained in this type of work. Whilst their duties are primarily with the infant born in its own home, an increasing amount of time is being spent with the premature infant discharged from hospital. Wherever possible, the premature baby nurses have visited the infant before discharge and in certain cases where domestic arrangements for the reception of the child have been in doubt, investigations and adjustments have been made to make the return home more safe.

A further link with the hospital services has been made possible by the premature baby nurse attending the Pædiatric Clinic at the same time as the infant for whose follow-up nursing care in the home she has been responsible.

The decision of whether a premature infant should remain at home is sometimes difficult to make, but as every such infant kept at home during 1953 survived 28 days, credit must be given to the doctors who have to make the decision, the midwives who have the responsibility of the birth and immediate resuscitation of the child, and the premature baby staff who nurse the infants through all the hazards of prematurity until their general condition and weight is satisfactory.

Fourteen premature infants were transferred to hospital at birth and out of these eight survived the twenty-eighth day. A cot specially equipped with continuous oxygen has now been provided by the hospital authorities to facilitate the safe transport of such infants from their homes to hospital.

STATISTICS.

Number of domiciliary live premature births	67
* ,, ,, ,, premature stillbirths	11
TOTAL	78

PREMATURE LIVE BIRTHS.

Number transferred to hospital	14
,, nursed entirely at home	53
TOTAL	67

The results up to 28 days of the live premature births can be seen from the following table :—

Premature Live Births. Birth Weights.	Born at home and nursed at home.			Born at home and transferred to hospital.		
	Total.	Died within 24 hours of birth.	Survived 28 days.	Total.	Died within 24 hours of birth.	Survived 28 days.
3 lbs. 4 ozs. or less ...	3	—	3	4	2	—
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs. ...	10	—	10	4	1	3
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs. ...	16	—	16	3	—	2
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs. ...	24	—	24	3	—	3
TOTALS	53	—	53	14	3	8

* Further information regarding the premature stillbirths is included in the statistics covering all stillbirths.

NURSING VISITS.

(1) Number of nursing visits to premature infants born at home...	1,761
(2) ,, ,, ,, ,, ,, hospital discharges	584
(3) ,, ,, ,, ,, ,, immature infants	93

Special Worker concerned with difficulties of Breast Feeding. The work of one full-time nurse with special experience in problems of breast-feeding was continued, and as in former years close collaboration was maintained with midwives and health visitors. Scales for test-feeding in the home were available to all appropriate cases.

Cases may be referred in the ante-natal period. The majority are referred in the early weeks after birth because breast-feeding has not, for varying reasons, been fully established.

There is still some indifference to natural feeding, and it is often difficult to persuade a certain type of mother to persevere ; some frankly admit they have no intention of doing so.

New Cases Referred by—	1953.	1952.
(*a*) Infant Welfare Centres	61	102
(*b*) Health Visitors	34	18
(*c*) Midwives	6	15
(*d*) Hope Hospital	8	4
(*e*) Private Doctor	2	3
(*f*) Mother's request	—	1
Total New Cases	111	143
Brought forward from previous year	8	10
Grand Total	119	153

Age Group of New Cases.

0 – 4 weeks	First babies	28	Others	18	Total	56
4 – 8 ,,	,, ,,	21	,,	19	,,	40
8 –12 ,,	,, ,,	4	,,	6	,,	10
12 weeks plus	,, ,,	—	,,	5	,,	5
Total	,, ,,	63	,,	48	,,	111

Place of Birth of New Cases.

Home—attended by Municipal Midwife	34
,, ,, ,, own Doctor	—
Hospital	77

Reason for Referral of New Cases.

Lactation not fully established	60
Malformed nipples	9
Refusal to suck	1
Lactation completely failed	1
Other reasons	40

Cases Discharged to Care of Health Visitor.

(*a*) Completely breast-fed	29
(*b*) Partially breast-fed	33
(*c*) Wholly artificially fed	44
(*d*) Miscellaneous—To premature baby nurse	1
Not seen—no access	3

Home Visits.	1953.	1952.
Total number of home visits paid	1,118	1,346
Number of no access calls	110	134
Cases carried forward to next year		9

Maternity and Child Welfare Visits.

Attended Ante-Natal Clinic	36
,, Infant Welfare Centre	12

Dental Care. (Report by Senior Dental Officer).

During the year 1953 no organised dental inspection of expectant and nursing mothers, or of pre-school children has been possible, such cases as have been treated were referred for that purpose by the medical officers or health visitors. No specific set sessions were allocated for this work, which was carried out in normal school clinic time. A complete service, including X-rays and the provision of dentures, is available for these patients by arrangement with the Education Authority.

It is hoped that at some future time it may become possible to invite at least all expectant mothers for dental examination and advice, since it is felt that a greater use should be made of the available facilities by these patients.

A table showing the work done during the year is given below :—

(*a*) Numbers Provided With Dental Care.

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	197	191	128	87
Children under five years	653	611	452	393

(*b*) Forms of Dental Treatment Provided.

	Extractions.	Anæsthetics.		Filling.	Scale Given Treatment.	Silver Nitrate	Dressings.	X-Ray.	Dentures.	
		Local.	General.						Full.	Part.
Expectant and Nursing Mothers	206	19	43	40	5	3	10	...	14	9
Children under five years ...	715	32	281	76	...	195	34	1	...	...

PHYSIOTHERAPHY SERVICE.

The year 1953-54 has passed pleasantly on and much good work has been done. Staff, though still in short supply, has made up in willingness to work hard, and it has been possible to keep mothers' and children's period of waiting for treatment to a minimum.

Sunlight Clinics. These have been held twice weekly at Police Street, Murray Street and Langworthy Centres, and four times weekly at Regent Road, whilst, in addition, the clinic remains open until 6 p.m. Monday and Thursday evenings and Saturday mornings for the convenience of mothers who are working. There are no waiting lists for treatment at any of the clinics.

The weekly clinic session held by a medical officer at each clinic in turn still proves very helpful in assessing the benefits obtained by a child after a course of sunlight therapy, discussing with the mother her views as to the effect of sunlight on the child, and in a few cases, stopping treatment if it does not appear to have agreed with a particular child.

Massage and Remedial Exercise Clinics. These are held twice weekly at six centres—Police Street, Murray Street, Langworthy, Ordsall, Cleveland, Regent Road. In addition, Monday and Thursday sessions are held up to 6 p.m. at Regent Road and also on Saturday mornings.

There are still a large number of children referred with minor orthopædic defects such as knock-knees and bow-legs, but the grouping of children together in a class enables a number to be treated at once and also teaches the mother

the exercises so that she can co-operate by helping the child at home, and lessening the period of attendance at the clinic.

The absence during 1952-53 of a severe poliomyelitis epidemic has fortunately lessened the amount of individual work and enabled the waiting list at all clinics to be kept at a minimum.

After a course of treatment the children are examined by a medical officer and progress noticed and advice given.

The orthopædic surgeon has visited the Regent Road Clinic for a weekly session, accompanied by an orthopædic technician. Children with more severe orthopædic defects are examined by the surgeon and any orthopædic appliances and surgical alterations to shoes authorised.

Ante- and Post-natal Sessions. Some progress has been made at these clinics, which have been held once weekly at the Crescent, Langworthy and Ordsall Centres and run in conjunction with the midwives' clinics. Many mothers are still unwilling to make any effort, but it is found that if a small number of mothers are co-operative the rest are more willing to join the class. The midwives have reported that mothers who have attended the classes regularly are better prepared for their confinement and shorten the period of labour by knowing when to relax and how to help themselves.

Greenbank Residential Home. The purchase by the children's office of a portable sunlight lamp, and the twice weekly visit by a physiotherapist, has enabled the children resident in the nursery to have a course of sunlight during the winter months and any child requiring physiotherapy has been treated during the same session. This has been a great help in alleviating staffing difficulties in the home. During the summer months it has been decided to discontinue the sunlight, as the children play out in the garden each day, and another course will be commenced at the end of the summer.

Baby Exercises. Neumann-Neurode exercises have been given at five different clinics twice weekly to babies from three months to toddlers up to two years.

Babies were referred with minor troubles of poor and flabby muscle tone, lack of appetite and poor gains, those who were late and slow in attempting to sit, stand and walk, and babies with bad sitting posture, umbilical hernia and mild torticollis.

A great number of constipated babies and toddlers were treated, among them some very severe cases where all medicine had failed. One mongol baby started treatment at the age of three months when he was very flabby and his back especially weak. Now aged one year he sits very well and pulls himself up to stand and walks around the furniture.

Two cases of marked postural scoliosis started exercises at three and six months, they both sit straight now.

One baby with an under-developed right deltoid muscle and a reluctance to use his right hand was treated and discharged.

One mild case of Amyotonia Congenita made good progress, but moved out of Salford before the end of his treatment.

The majority of the toddlers were treated for bow-legs, knock-knees, valgus feet and pigeon toes.

During the year exercises have been given in the day nurseries as follows :—

At Hulme Street, Wilmur Avenue and Fitzwarren Street from the beginning of the year until end of August.

Then from September onwards :—

At Howard Street Nursery—exercises for all children under two years of age.

At Hayfield Terrace and Bradshaw Street—exercises were given to half the children under two years.

At Greenbank Residential Nursery—exercises were continued for all children under two years twice weekly until November.

Family Planning.

Only twenty-five cases were referred to the Family Planning Clinic by medical officers of the Department and only twelve attended.

Cookery Demonstrations.

During the year the attendances have been fairly good, greatly increased numbers attending for Coronation cookery, Christmas cookery and other special events.

A new class has opened at Langworthy Clinic, but the attendances though steady are not very high. A change of day is contemplated to see if this will improve matters.

A leaflet on " Using up Stale Bread " has been prepared and is now available with the previous leaflets.

At one clinic an Egyptian mother attends regularly and carefully writes all the recipes in Arabic. This must be the only Arabic cookery book in the City. At one class was present a Swiss, an Austrian, a German, and a Belgian, all married to English men, and coming to learn how to make English dishes. These mothers are too shy, and also nervous of their lack of English, to attend ordinary evening classes, and find the clinic classes meet their needs.

Before the Coronation, demonstrations and advice on foods for many street parties, was listened to eagerly by all, and lovely crowns and coronets, etc., made to delight the children.

As the lesson for November 5th fell during school holidays, many school children attended with their mothers. The making of toffee and toffee apples caused great excitement.

Where the demonstrations are held at a clinic which also has a Mothers' Club, the blackboard with recipes is shown to the Club, and any mother who attended the lesson tells the others how the dishes are made. By this means a larger audience is being reached.

The continued interest and help of all the maternity and child welfare staff continues to give great encouragement to mothers and teacher.

Social Clubs.

There are now four Mothers' Clubs, all run under the direction of the centre superintendents or health visitors in charge of the clinic centres in the areas concerned.

LANGWORTHY AREA. This club was formed towards the end of the year under the direction of the Centre Superintendent of Langworthy Centre where meetings are held. It was officially opened by Dr. Sproul on December 16th, with a membership of 36.

Plans for future activities have been drawn up : this promises to be a very flourishing club.

ENCOMBE PLACE. Activities were limited owing to the low membership of the Club, which has always been difficult to run, and has been closed twice owing to lack of support. For those mothers who did attend, there was a Coronation Party and a Christmas Party ; on less festive occasions, sewing, knitting, informal discussions and indoor games were arranged.

MURRAY STREET. The hundredth meeting of this club was celebrated in February. Meetings were held fortnightly throughout the year with an average attendance of 23.

Activities included a talk by a psychologist, talks and demonstrations by representatives of the Electricity Department, of a canned food firm, and of a firm demonstrating rufflette tape for curtains, which was further illustrated by a film. There were discussion groups and film shows arranged within the department. Social events included a Coronation Party, a drive to Ringway, with dinner at the Ringway Hotel, a Beetle Drive, dancing, and a play at the Opera House. A grand Christmas Party was arranged for early January for children of club members.

REGENT AREA. Now more than a year old, this club has more than fulfilled its early promise of success. Meetings were held every alternate Wednesday evening at Jutland House. The total membership is 45, the average number of mothers attending 35.

The committee consisting of six officers and the Centre Superintendent, meet every two months to discuss club policy and future activities. During this year, a chairman (volunteer) was appointed.

Activities have ranged from serious talks and discussions of varying aspects of child and family welfare to toy and clothing exchanges, and old time and Scottish country dancing—fathers invited.

Film shows have proved very popular, both the educational film strips and the special interest sound films provided by strained food and dentifrice firms. The North Western Regional Electricity Board followed their film show of Philip Harben's cookery with an invitation to visit their department in Eccles for a cookery demonstration. Other successful film shows were arranged by the Fire Prevention Officer, following a talk on fire prevention, and by the British Railways, who showed beautiful coloured films of Britain and the Channel Islands.

During the summer there were several outings. A small group went to the swimming baths and there was an evening drive to Cheshire—followed by a chicken dinner ! Later on, thirty club members took their small children for a day's outing to St. Annes-on-Sea.

At the end of the year the club members provided a Christmas party for their own children at Langworthy Centre. Eighty-four children attended. There were prizes for the fancy dress competition, a Punch and Judy show, and, after tea, each child received a present from Father Christmas.

Club membership is quite free—voluntary payments for refreshments and clothing and toy exchanges are used to pay for transport during a club outing.

There is a very good spirit among the members, and those who consider themselves to be the " senior " are becoming more willing to accept responsibility and thereby relieve the Centre Superintendent of many duties.

Wednesday evening is now a regular " night out " for the majority of the members, and for some it is the only night they leave their home and children. One member, who disclosed that she had never been out for five years, said that she had never had anywhere to go before, and indeed, for those who dislike the cinema, there is little to do outside the home in this area. One newcomer to Salford has found good friends, and at least one mother is achieving new standards of child care through club influences.

The smooth running of the club meetings is due in no small measure to the excellent facilities available at Jutland House, and the generous help from the Warden, Miss Gittins.

All the clubs wish to take this opportunity of thanking the Health Committee for allowing them the use of clinic and other premises for club purposes. Our thanks are also due to the Centre Superintendents and Health Visitors, who are always present at meetings and who put in a good deal of work in their spare time to ensure smooth functioning and most effective use of the facilities provided.

Psychological Service

Family Guidance Clinics.

1. Langworthy Road Centre.

The work at this centre has increased gradually throughout the year, the total number on the books being 33. Eighteen new cases were added to the register during the twelve months, the large percentage of cases involving marital problems.

2. Murray Street Centre.

A session was opened at the centre in March but has progressed very slowly. At first, two cases attended but a talk with the health visitors of the district resulted in the addition of eight cases to the register.

A total of 43 cases were dealt with at the two centres. The following is a classification of the problems dealt with :—

1.	Marital disharmony—		
	Plus Physical difficulties	6	
	,, Infidelity or desertion	3	
	,, Separation	4	
	,, Cruelty	8	
	,, Finance, etc.	2	
		—	23
2.	Neurotics or pre-psychotics	7	
3.	Instability or immaturity	4	
4.	Re children	6	
5.	Miscellaneous	3	

The following are examples of some of the cases dealt with.

Mrs. A, aged 33 years, married with two children—a girl of 10½ years and a boy of 5—was referred after the daughter had been examined by the doctor in the school clinic. The child was exhibiting nail-biting and was very shy and insecure.

The mother and child attended and it was clear that the girl's difficulties were largely due to the nervous condition of the mother, who showed a typical hysterical personality, with a long and involved history of nervous upset and treatment. She had a very poor family history of nervous and emotional difficulties, but appeared herself to be emotionally rather than mentally disturbed.

At a later session, the husband—an intelligent and kindly man—36 years old and director of a clothing factory, attended. The wife has made nine attendances up to date. She has shown increasing insight and been greatly reassured by interview. She has been encouraged to adopt a more balanced and mature outlook, and to rely more on herself. Sexual difficulties with the husband have been discussed and an improvement is evident.

In spite of a move to another district, family illness, and financial stringency, the patient has gradually improved. The children are well and flourishing at school. The girl still nail-bites, but is much more stable and recently sat entrance examinations for several High Schools, taking it all very calmly, and appears to be much more secure.

Both husband and wife are grateful for the service available and the wife has been urged to keep regularly in touch.

Another case is that of *Mrs. B*, 19 years of age, married with two children of 2 years and 7 weeks old, respectively. She was referred by the specilist health visitor for the neglected child.

She and her husband were living in one room in the house of her family. There was great tension as her father had not approved of the marriage even though she was pregnant at the time.

The husband, who attended twice, has left her repeatedly since marriage two years ago. He has never faced up to his responsibility as a married man and has been off work since last August. He was in an approved school as a boy, and has served two prison sentences for theft. He had a miserable background with a heartless mother and a large family—one brother in Borstal, and two sisters living away and lost to the family.

Hostility with his in-laws drove the husband away. He got work with a wire-work firm but only did one day. He has failed repeatedly to keep appointments with the health visitor and to attend the centre. He is now living with his sister in very doubtful company.

Through the health visitor, links were made with the N.S.P.C.C. and National Assistance Board. Mrs. B is now receiving support from the National Assistance, and continues with her two children in her father's house. She has taken out a summons for maintenance to be heard on March 10th next.

Tension with her own family, resentment against her husband, and her own immaturity might well have overwhelmed her, but the support of our service has undoubtedly had its effect.

Mrs. C was referred by Miss Schofield. Her problem was due to marital disharmony arising largely from financial stringency (due to a heavy mortgage on the house) and her husband's irresponsible attitude. Sexual maladjustment was also present.

Both husband and wife were very immature in their attitude to their marriage. Mrs. C, aged 25, had been brought up in the National Children's Home, her father having deserted her mother who was an invalid. These early experiences had produced a basic sense of insecurity, and her over-anxiety, re the financial situation and her husband's irresponsibility, was founded on this fear. Her sex difficulty was also linked with it as fear of further pregnancies—there are already three daughters, aged 5, 3 and 2 years, respectively—has rendered her frigid and much trouble has ensued.

The wife has made eighteen attendances and the husband has co-operated and has attended the Manchester centre at Ardwick (thus avoiding loss of work) on two occasions. He, too, is an immature person and, although anxious to help, appears unable as yet to restrain his urge to spend excessively on smoking and pleasure generally.

Real improvement has been made, and maintained, however. The sexual problem has been largely solved, but the financial one remains and has not been improved as the husband has become involved with a money-lender just recently.

Mrs. D. One of the health visitors referred a mother from her district, aged 28 years, Protestant, married to a chronic tubercular husband, a Roman Catholic, of 30 years of age. They have two girls of 7 and 5 years of age. Mrs. D lost her father and mother of cancer when very young and was brought up by an elder sister. She has always been very insecure and immature, and for some time before she first attended, she had suffered from recurrent (endogenous mainly) depression.

Her own doctor, who has proved most helpful and co-operative, sent her in August, 1952, to Hope Hospital, where E.C.T. was suggested by the psychiatrist. This she flatly refused to undergo.

She has now made 34 attendances. Her husband has been interviewed but is not very co-operative, himself being depressed and very insecure on account of his own health. He has no insight or sympathy for his wife.

Mrs. D continues to refuse hospital treatment, but is just holding her own at present. Her own doctor is also watchful of the situation.

Mrs. E. The health visitor for the neglected child referred this mother, aged 25 years, Dutch by birth, with three children. She is a very intelligent person, well-educated, her mother having been a school-mistress in Arnhem. She married a man, a labourer by trade, very much her intellectual and social inferior, when he was in the Army over there. She did so against her mother's wishes, and since her mother's death, has blamed herself for hastening her end. Her guilt was increased greatly because she, an ardent Roman Catholic, married a non-catholic.

In spite of his limitations he is very co-operative and fond of his wife, and part of her resentment was directed against her lack of cause for complaint. She has found real difficulty in overcoming the social gap between them and in accepting conditions of life over here.

She had been working full-time as a typist, but dreaded her employer and was unhappy. She appears to have a strong hysterical tendency, and had been indulging in several dramatic collapses, and scenes with ambulance men and neighbours who sought to help. Her irritability and nervous state generally had seriously affected her children.

She arrived at the centre by taxi, having been afraid to board a bus for some time past. She was urged on leaving to go by bus, and was able to do so—regarding this as a real achievement.

The reassurance given, and her own intelligence, enabled her to sort herself out quickly, and within a week she was back at work and calm and happier in her outlook.

She continues to attend the Ardwick Centre, with her husband, as neither feel able to sacrifice working hours on account of the reduction in wages involved.

Psychological Clinic.

During the year Miss Schofield has attended six sessions weekly, five child welfare and one ante-natal. She reports : Work at the clinics varies. In the Cleveland and Murray Street centres, one meets with the " suburban " problems more frequently than the problems of frustration and other types due to overcrowding and lack of many facilities, in the more crowded working class areas. While the suburban mothers often say they have read " Psychology," many are responsible for conditions of anxiety and irritability in the children because of their own over-anxious attitudes. In attempting to produce a model child things often go awry. These parents often have small families, while in other districts, larger families prevent the mother from focussing so much attention on the individual child. There are, however, families where the mother is worn out with her attempts to cope with the needs of six, seven or eight very young children. There is a need for psychological help for both types. In all the clinics, the mothers are responding happily to the work we are trying to do and one seldom meets any antagonism now. The idea of the " psychiatrist " has faded and I believe I am now accepted as a friendly adviser, and as a result it is possible to show the needs of children under happy conditions as I walk amongst the mothers and children. As a result of this, parents frequently come for advice and in a large number of cases they have brought friends and neighbours. Talks on the need for happiness as a basis for health have brought forward very interesting discussions. Discipline of the right kind is a subject frequently discussed, and also the need for changing one's methods of handling children as they develop mentally, emotionally and physically. Psychological weaning is a topic which needs much notice when dealing with the over-mothered child. On the other hand there is the need for real mothering in some cases.

The problems have been very varied as in previous years. Financial worries create many strains and stresses in families and I am suspicious that a good number of mothers are suffering because of their attempts to feed and clothe husband and children before thinking of themselves. Fears of

pregnancy are very prevalent on account of these conditions. The largest proportion of cases referred by doctors and health visitors is in the first born children, and for this reason I welcome the opportunity to give talks in the ante-natal clinics at Regent Road. Here prophylactic work can be done while mothers wait for examination. In this clinic also, I have met many older women, who have brought their daughters. They like to discuss the family and often older members. On several occasions they have asked why we cannot provide opportunities for lonely or worried older people to talk over their difficulties.

I have spent three very interesting evenings at the Mothers' Clubs and each seems to be fulfilling a real need and providing happy and instructive relaxation.

The Unmarried Mother and Her Child

This speciality seems to suffer more than any other owing to staff difficulties. The worker responsible was away on sick leave for nearly three months of the year and finally left the service in July. After a further four to six weeks without a worker, a health visitor was appointed from the general staff.

Eighty-five expectant mothers were interviewed during the year. Of these, 77 were single girls and divorcees and 8 were married women expecting illegitimate children.

Of the single girls and divorcees :—

61 were first pregnancies.
8 ,, second ,,
5 ,, third ,,
2 ,, fourth ,,
1 was a fifth pregnancy.

Of the eight married women, three were expecting first illegitimate children and five their second illegitimate child.

Ages of the combined groups ranged between 16 and 42 years :—

16 years	1
17–18 years	13
19–20 ,,	16
21–25 ,,	26
26–30 ,,	13
Over 30 years	16

Sources of notification were as follows :—

Almoners	23
Health Visitors	18
Moral Welfare Organisation	11
Other voluntary bodies	6
Mother's family	7
Municipal Ante-Natal Clinics	6
Midwives	4
Children's Officer	4
Family Doctors	3
Other Local Authorities	2
City Councillor	1

Many of these expectant mothers asked for help in getting their expected babies adopted, but only four finally sought adoption.

The position at the end of the year was as follows :—

Mother and baby remained together	47
„ „ „ left Salford	6
Parents cohabiting	5
Adopter and child left Salford	3
„ „ „ remained in Salford	1
Placed in residential nursery	3
„ with Salford foster-parents	3
„ „ other „ „	1
Mother married before birth of baby	2
Stillbirth	1
Births pending	13
TOTAL	85

Assistance was given according to need and included help in obtaining admission to hostels or to find other accommodation ; to find suitable work ; advice regarding affiliation orders ; help with material needs such as clothing for the baby, cot, pram (through the Children's Welfare Fund) ; advice regarding care of baby whilst mother is at work, and advice on any other health, financial or other social problem. Not least, every effort was made to reconcile the girls with their parents so that the babies may have every chance of growing up as members of a family—the happiest solution to an unhappy problem.

Once the initial problem was solved cases were referred to the general health visitor for supervision in the normal way, and were referred back to the specialist visitor only if conditions subsequently became unsatisfactory.

DAY NURSERIES

The day nurseries have continued to play an important part in family welfare. The demand for places continues to be heavy and one wishes that more families could benefit by this most useful service. The children very quickly show improvement in their general health and physique, and benefit greatly by contact with other children of their own age in clean, healthy and pleasurable surroundings and by the guidance and help of suitable adults.

Number of Nurseries.

On January 1st		7	
„ December 31st		8	

Number of Places.

January	Under 2 years	110	320
	Over 2 „	210	
December	Under 2 „	130	370
	Over 2 „	240	

Number on Registers.

January 1st.	Under 2 years	86	333
	Over 2 „	247	
December 31st.	Under 2 „	127	403
	Over 2 „	276	

Total Attendances (excluding Saturdays).

Under 2 years	20,419	69,732
Over 2 „	49,313	

Number of Days Open (excluding Saturdays).

7 Nurseries	253
1 Nursery (Opened 15-6-53).	142

Average Daily Attendance.			
8 Nurseries.	Under 2 years	81	or 73·6%
	Over 2 „	194	or 78·3%
	TOTAL	275	or 75·5%
1 Nursery.	Under 2 years	6	or 66%
(Opened 15-6-53).	Over 2 „	16	or 80%
	TOTAL	22	„ 76%

Number of new admissions during the year 578

TEMPORARY ADMISSIONS (i.e., for eight weeks or less).

The following numbers of children were accommodated for short terms for the reasons stated :—

Confinements	97
Illness of mother	33
„ „ father	6
Deserted by mother (later returned)	4
Day minders on holiday	3
Temporary financial trouble...	5
TOTAL	148

Accommodated for longer than eight weeks :—

Mother in hospital...	9
„ ill at home	13
Father ill	10
Children of separated or divorced parents	85
„ „ unmarried mothers, widows or widowers	117
Father in prison	6
Problems referred by doctor	7
Deaf and dumb child (on recommendation by Professor Ewing of Manchester University)	1
Children living in rooms and overcrowded homes	105
Financial difficulties	77
TOTAL	430

With the opening of the new nursery in Bradshaw Street, Broughton, in June, 1953, more accommodation for needy families, especially in this overcrowded area, was available. Unfortunately, admission during the first few weeks had to be restricted owing to sickness of senior staff and to an outbreak of Sonne Dysentery. By December 31st there were 43 children on the register.

At the beginning of the year the Council approved a decision to discontinue attendance on Saturday mornings except at Eccles Old Road Nursery. This has been a mixed blessing. While there must have been a financial saving it has not been possible to maintain as high a standard of cleanliness in the nurseries as a whole. Formerly the nurseries were given a thorough cleaning on Saturday mornings, but the work which used to be done then cannot all be done during the week when the children are about.

The average attendance at Eccles Old Road on Saturday mornings has been four per week.

Dysentery. During the year the Salford nurseries have co-operated with the Public Health Laboratory Service in a Chemoprophylaxis trial in outbreaks of Dysentery caused by Shigella Sonne.

When a case of Sonne Dysentery is found in any of the nurseries specimens are obtained from all children and staff. If none are found positive no further action is taken.

If any of the children or any of the staff are found to be positive within a week of the occurrence of the first case then an incident is considered to have occurred and is allotted to a " Treatment " or a " Control " in accordance with a serial list of randomly distributed " yes " and " no."

All " positive " cases are excluded from the nursery and if the incident is a " treatment " one the remainder are given Phthalysulphathiazole for five days and further specimens examined 48 hours after the cessation of the treatment. After this, specimens are taken twice weekly until a completely negative " round " is obtained.

If the incident is a " control " one no treatment is given, but specimens are taken at regular intervals until a completely negative " round " is obtained. " Positives " are excluded from day of report.

During the year there were 11 incidents with a total of 106 cases of Dysentery, 57 of which were discovered by taking specimens from contacts.

	Cases.	With symptoms.	Symptomless excretors.
January.			
Howard Street	2	1	1
Fitzwarren Street	18	13	5
March.			
Fitzwarren Street	5	3	2
April.			
Hayfield Terrace	37	15	22
Howard Street	24	2	22
June.			
Wilmur Avenue	1	1	—
Summerville Road	3	2	1
July.			
Hulme Street	9	6	4
September.			
Hulme Street	2	1	1
October.			
Bradshaw Street	3	3	—
November.			
Eccles Old Road	2	2	—

The following table shows the number of cases occurring in the nurseries using disinfectants and those not using disinfectants :—

	Incidents.	Cases.	With symptoms.	Symptomless excretions.
Hulme Street (non-disinfectant) ...	2	11	7	4
Wilmur Avenue (non-disinfectant) ...	1	1	1	—
Bradshaw Street (disinfectant)	1	3	3	—
Eccles Old Road (non-disinfectant)...	1	2	2	—
Summerville Road (disinfectant) ...	1	3	2	1
Hayfield Terrace (non-disinfectant) ...	1	37	15	22
Fitzwarren Street (disinfectant)... ...	2	23	16	7
Howard Street (disinfectant)	2	26	3	23

Disinfectant Nurseries ... ... 55 cases, 24 with symptoms, 31 symptomless excretions.
Non-disinfectant Nurseries ... 51 „ 25 „ „ 26 „ „

Training of Students. Seven of the nurseries are approved by the Ministries of Health and Education for the training of students for the examination for the National Nursery Examination Board Certificate. During the year, ten students completed the training course, and nine were successful in gaining the certificate. Of these, four were given posts in the nurseries as staff nurses, one entered hospital to take her training in general nursing, two obtained posts with other authorities, and two obtained private posts as nannies.

The number of girls leaving school who wish to take the nursery training was lower than usual, and again many applying for posts were unsuccessful in the entrance test. Most of the girls who apply are from Secondary Modern Schools and seem to have very little ability to put words together to form sentences, or sentences together to form paragraphs.

Child Care Reserve Course. In March a Senior Child Care Reserve Course was held in Salford. Seven nursery assistants from Salford Day Nurseries attended the course. Five completed the course successfully, the other two were unable to complete the course owing to illness.

In September a course for wardens was held in Salford and seven candidates from the nurseries successfully completed the course.

Educational Activities. Play activities in the toddler rooms form now an established routine which varies little from nursery to nursery, and is governed by the number of staff on duty from time to time, and the comings and goings of students. Types of play activity vary with the weather, time of year, and age groups of the children. As the toddler population is a moving one, it so happens that at one time the majority of children are very young owing to the leaving of a number of five-year-olds, and then as this group grows older the tendency is for the whole room to be influenced, and appear more advanced. Moreover, the wide age range between youngest and oldest which appears in the one room makes provision of suitable play activity a difficult task. Though the material is available, the staffing situation often makes its use impossible. For three days of the week, two members of staff only are on duty in the toddler room, one of whom must remain reasonably free to attend to outdoor play and other nursery activities not actually in the play room. The other must endeavour to make available, and supervise (the more difficult task) such activities as will occupy the youngest who is certain to spill things, touch and mix all equipment in the process of learning, and the oldest who is clamouring for purposeful activity such as scrubbing, painting, sticking, cutting out, woodwork, etc., but still too young to be left entirely alone whilst performing these tasks. Added to this is the necessity for maintaining equipment in good repair, since the consumption of such items as picture books, dolls' clothes and bedding, dressing-up clothes, and hard worked toys such as cars, engines, trucks and prams, is quite amazing in quantity.

There is no doubt that one type of personality alone can face what are often discouraging and thwarting situations. Fortunately, in most of the wardens, this philosophical attitude is present, and the three most recent appointments have shown that a gentle, unassuming disposition can most effectively control a group of toddlers. It is interesting to note that these wardens are our own Child Care Reservists promoted after working for years with three of the senior wardens.

As the training of students in the two- to five-year age group has progressed, and since seven nurseries are now working under this system, the wardens

have shouldered more responsibility. They have risen to this very well indeed. In cases where students have been keen, fresh ideas have been introduced by them, and the wardens are glad to take advantage of their suggestions for new improvised toys, songs, rhymes, etc., and much good results from the exchange of ideas.

Storage space for the big equipment necessary, still being limited, and with the necessity for being prepared to accommodate extra temporary children in the toddler rooms, the acquisition of more junk equipment has to be limited. The original sources of supply are still proving useful, and garages, wood yards, shops, etc., just as co-operative to the cause. Each baby, tweenie and toddler room has a large supply of assorted building bricks, and a spare stock is available for replacement. Forty-five bicycle rims for use as hoops were collected from three garages in March, and about forty tobacco tins from one shop in the same month. Collection of scrap wood, for use by the children in hammering activities, and wallpaper books from paint shops, has had to be suspended for a while owing to the immensity of the stockpile. At Hulme Street Nursery, two dozen ammunition boxes were bought from nursery funds, and these have been stored in the newly cleared and distempered air-raid shelter which provides a most suitable toy store. Purchase of such bulky equipment was only possible under these storage conditions, and this nursery is now specialising in making much junk equipment available to the children.

An attempt has been made at Howard Street to give the children training in the care of animals by introducing two rabbits into the toddler nursery. Seldom a morning passes but one child or another brings in carrots or cabbage, and parents are brought in each day to the rabbit hutch. The staff have a rota for coming on Sunday for feeding. The remaining rabbit (one was given away) is not timid and spends much time hopping about in the room, and has provided immense interest for the children.

Gardens failed and succeeded as usual, according to the nursery. At Wilmur Avenue and Howard Street no attempt whatsoever is made to grow things outside. At Fitzwarren Street and Hulme Street, most things are allowed a certain display before being picked, or kicked off by outsiders. At Summerville and Eccles Old Road, flowers and vegetables flourish—the latter being picked and eaten by the children.

At the end of this year, the nurseries may be considered as having most co-operative and conscientious wardens, with a resulting state of purposeful activity by the children. Most willing to receive suggestions and act on them, they have established a routine and mode of conduct, and play environment, which can be termed very satisfactory. Harassed by staff shortages, cramped space, and large numbers of children, they must at times be excused from any deviation from the routine they know to be generally expected of them.

Medical Officer's Report on Day Nurseries. This report deals with eight day nurseries, one of which has not yet completed one year's service, and covers the period from January 1st to December 31st, 1953. The average number of children in each nursery is fifty plus.

The number of children admitted in the nurseries for temporary periods varying from one week upwards, has increased markedly this year and has meant a longer interval between periodic examinations of each child, but as far as possible the babies under fifteen months have been seen each visit.

Each new child has been seen as soon as possible after admittance and has been given a mantoux test at this examination.

The following is a list of the infectious illness in the nurseries :—

Infectious Illness	Howard Street	Eccles Old Road	Fitzwarren Street	Hayfield Terrace	Summerville Road	Hulme Street	Wilmur Avenue	Bradshaw Street	Total	Per cent.
Measles	17	—	15	1	8	26	3	—	70	17·5
German Measles ...	1	—	4	—	2	—	—	—	7	1·7
Pertussis...	—	—	2	—	—	1	—	—	3	·7
Mumps	—	7	1	1	1	5	3	—	18	4·5
Scarlet Fever ...	1	—	1	—	1	1	—	—	4	1·0
Chickenpox	7	—	4	1	4	—	3	—	19	4·7
Impetigo	11	6	4	5	—	2	—	—	28	7·0
Scabies	—	—	—	—	—	1	—	—	1	·2
Dysentery Sonne ...	26	3	24	40	—	11	1	4	109	27·2
Tonsillitis	2	3	1	—	—	—	4	—	10	2·5
Jaundice...	1	—	—	—	2	—	—	—	3	·7

The general health of the children has remained good, but an increasing number of children have been found to be anæmic and this has been confirmed in each case where a test for hæmoglobin has been done—some of these children have been in the nursery for several months.

Mantoux testing of the children was begun in April, 1953, and every child was tested who was in the nursery during *that time* with the exception of, i.e. :—

1. 6 children whose parents refused consent for the test.
2. 8 ,, who had received B.C.G. vaccination before admittance.
3. 3 ,, ,, ,, been notified before admission as having had a tuberculous infection.

In all 527 children were mantoux tested with 1 in 1,000 dilution prior to December 31st, 1953, and 337 children were retested with 1 in 100 dilution after a negative result with 1 in 1,000. Of these :—

1. 7 children gave a positive reaction to 1 in 1,000.
2. 11 ,, ,, ,, ,, ,, when retested with 1 in 100.
3. 71 ,, were withdrawn after being tested with 1 in 1,000 dilution before 1 in 100 could be done.
4. 36 children were absent for readings and withdrawn from the nursery before the test could be repeated.

It may be of interest to note that during this period 74 children were admitted to the nursery and subsequently withdrawn before a mantoux test could be done.

Seventeen of the 18 children with a positive reaction were referred for clinical examination to hospital. The remaining child has gone to school and his particulars have been transferred to the School Medical Department.

On clinical examination, three of the children were found to have had a hilaradenitis—the remainder were found to be free from any clinical signs.

HEALTH VISITING SERVICE

Work during the year has been developed along the lines laid down last year. Selective family visiting with greater emphasis on the mental and emotional factors involved in family relationships has been encouraged as much as possible.

This, together with a greater than usual shortage of staff (the equivalent of five health visitors fewer than in 1952) has meant a considerable reduction in the total number of visits paid throughout the year.

Staff.

Miss Hardwick, former Centre Superintendent at Langworthy Centre, was appointed Deputy Superintendent Health Visitor in February. Miss Hardwick was also honoured by the award of the Coronation Medal to mark her 22 years' service in the Health Visiting Section.

Miss Grimshaw and Miss O'Donovan were appointed from the general health visiting staff as Centre Superintendents at Police Street and Langworthy Centres, respectively.

Three health visitors were appointed to the permanent staff following completion of compulsory service under contract according to agreement under the health visitor's training scheme, and one such health visitor left. Three part-time health visitors were appointed—two for a short specified period only.

Six former students qualified as health visitors and commenced duties in May ; one student failed to pass the examination.

Six health visitors and seven clinic nurses, two of whom had carried out health visiting under dispensation from the Ministry of Health, left the service. Twelve clinic nurses and six student health visitors were appointed—two of the latter transferred from the clinic nursing staff, one of whom had carried out health visiting duties under dispensation from the Ministry.

Domiciliary Work.

Although selective family visiting was the keynote, visits to children in the 0-5 age group predominated. Advising and assisting mothers to overcome difficulties associated with infant feeding and child care generally still forms a large part of the health visitor's work, and it is from this that family case work often follows.

The number of adults referred for advice was double that of 1952, the increase being mainly due to direct application from people themselves requiring advice. There was an increase, too, in the number referred by family doctors, and to a lesser extent by almoners. In the majority of cases a social problem was involved, but all cases presented an opportunity for health education.

The increase in the number of special visits paid was a result of the large number of surveys undertaken—no fewer than seven.

Ineffective visits due to failure to gain access were about the same as for 1952. The number of mothers of children under five years known to be going out to work was slightly fewer than that in the previous year.

The general standard of child care was on the whole satisfactory, although the difficulties relating to overcrowding and bad housing presented (and still presents) a formidable problem, and one which operates against and often makes ineffective the teaching of the health visitor.

Clinic Work.

Efforts were made to popularise classes for expectant mothers by holding evening lectures and demonstrations, which were carried out jointly by midwives and health visitors.

In the Maternity and Child Welfare Clinics film strips were used to good effect in illustrating health talks, and a sound film strip proved to be of great value in provoking discussion among the mothers. It is now possible, with fewer attendances at the centres, to give much more time and attention to individual problems.

Clerical and Office Work.

The amount of office work increases as the different aspects of the service develop. Some 25 per cent. of the time spent by general and specialist health visiting staff was taken up in this way. Although a certain proportion of this time was spent in interviewing, particularly where specialist visitors are concerned, and in writing reports, there is much that could be done by a clerk, and I would again urge that at least one full-time clerk be appointed solely to assist in this work.

Research.

Health visitors participated in seven surveys—four of which were continued from previous years. The surveys were as shown below :—

1. Mass Miniature Radiography.
2. Population Investigation, National Survey.
3. New-born Infant Survey—Social Medical Unit, Oxford.
4. Prematurity—National Birthday Trust Enquiry.
5. Rockefeller Foundation Survey of Family Health and Welfare Workers.
6. B.C.G. Investigation, Medical Research Council.
7. Impetigo Outbreak in Salford.

Award to the City Council.

The National Baby Welfare Council Silver Shield was awarded to the City Council for the City's pioneer work in health visiting. The Shield was presented to the Mayor on 17th June.

Staff Education.

Two health visitors attended an intensive course on " How to Teach " at Homerton College, Cambridge, for two weeks.

Refresher Courses held locally included a week-end course arranged by the Manchester Health Department, attended by twenty health visitors, and a three-day course in Salford on " Human Relationships " attended by fifteen health visitors. Lectures and film shows were arranged frequently throughout the year at the Health Offices or at Jutland House.

Clinic Nurses.

With the general shortage of health visitors, clinic nurses have been used wherever possible to replace health visitors in clinics and schools, and to

carry out certain home visits. The equivalent of one-and-a-half full-time clinic nurses was used for visiting under supervision of the specialist health visitor certain aged and infirm persons.

Diphtheria immunisation of children in the 0-5 age group was carried out in the home by clinic nurses.

Hygiene Attendants.

In addition to assisting health visitors and clinic nurses in all types of maternity and child welfare and school health clinics, and in schools, attendants carry out disinfestation of verminous children in schools, clinics and homes. This year they have also assisted with care of the aged and infirm in the home, where, under the direction and supervision of the specialist health visitor for the elderly, they have paid regular visits in order to bath aged persons unable to perform this service for themselves. It is hoped that timely assistance in this way will help to prevent the deterioration of personal care, which is an unfortunate feature of old age. Particularly valuable is the contribution made by the male attendant, who undertakes care of certain male cases. One case in particular has certainly been prevented from becoming one of the " derelict aged." Reported in the first instance late in 1952 by a hospital Almoner because of his malodorous condition when attending for physiotherapy, this man was visited by the male attendant. Living in one room with his wife, who had been bedridden for many years, facilities for cleanliness for a partly paralysed man of 77 years were bad. Water had to be boiled in a kettle and a pan on the fire, and the attendant had to wash the man partly standing, partly sitting in a chair. He became very much brighter in himself and much more acceptable to his wife and the hospital out-patient department as a result of these efforts. In the summer of 1953 his wife died and he became very depressed ; the attendant then became the only friend the old man had. As well as bathing, care of the feet and hair, the attendant in his spare time regularly changed his library books and visited him " to ease his loneliness."

In addition to the clinic work and home visiting recorded above, hygiene attendants were responsible for preparing needles, syringes and other equipment for both clinic and domiciliary immunisation against diphtheria, Mantoux tests, blood tests, etc.—involving 1,103 sessions.

Training of Students.

(*a*) Student Health Visitors.

Seven student health visitors completed their training in May and five students commenced the present course in September. Full training in practical work is given in the department (theoretical teaching takes place in Manchester).

(*b*) Student Nursery Nurses.

One health visitor is seconded to the Education Department to act as part-time health tutor to nursery nurses in training. Observation visits are arranged for the students to Day Nurseries and Maternity and Child Welfare Centres and other sections of the Health Department.

(*c*) Student Nurses.

The department collaborates with local hospitals in implementing the new syllabus of the General Nursing Council, which requires Student Nurses to learn something of the social aspects of disease. Student Nurses from Hope

Hospital, Salford Royal Hospital, and Pendlebury Children's Hospital attend regularly for periods varying from one day to one week. They are shown all aspects of the work of a public health department and arrangements are made for each of them to accompany into the homes of the people a health visitor and a home nurse.

The work entailed in arranging these facilities for students is considerable. It is hoped to appoint early next year, from existing staff, a health visitor who will be mainly responsible for the organisation involved.

Tuberculosis.

Since the preventive and clinical aspects of tuberculosis were divided in 1948 between Local Authorities and Regional Boards, respectively, priority has been given to the development of the clincial side, with some degree of deterioration in the preventive field.

In 1950-51, owing to pressure of other work, the examination of contacts within a reasonable time after referral by the Health Visitor had to cease, and there was often a delay of some months before invitations could be issued. The position has improved, but has not yet reached the former standard, where contacts were invited within one week following referral by the Health Visitor. The result, especially where the Health Visitor has had difficulty in persuading the contacts to consent to examination is that the interest of the family wanes with the passing of time, and some of the contacts fail to attend when the belated invitation finally is made. The more conscientious families are worried by the delay ; some think this is due to an omission on part of the Health Visitor ; others consider that the importance of contact examination has been exaggerated, and they are subsequently apt to attach little importance to what the Health Visitor has to say.

The former practice of keeping contacts under supervision by inviting for re-examination from time to time also ceased and has not been resumed.

Another retrograde step has been the closing of the evening clinics. Many patient—and contact—defaulters would attend for examination if facilities were offered which did not involve getting time off work.

Ascertainment of Contacts.

Generally speaking, only family contacts are advised by the Health Visitor regarding examination. All contacts giving consent to examination are later invited to the Chest Clinic as a routine measure. The Health Visitor when making subsequent visits endeavours to persuade all contacts who have not already been examined to agree to do so. The confidential nature of this work precludes the Health Visitor from advising friends, neighbours and fellow-workers who are not aware of the fact that the patient is suffering from tuberculosis, that it is in their interest to be examined. Where such people are already aware of the patient's condition, or if the patient agrees to their being so informed, they are advised accordingly.

Notifications after death of the patient are treated, in so far as contact tracing is concerned, as are other notifications.

Where any employee of a school or other organisation dealing with children, or a school child is found to be suffering from tuberculosis, all child contacts (with parental consent) are Mantoux tested and other contacts examined at the Chest Clinic. These and other children are re-examined according to their general physique and nutritional standard ; and the school Health Visitor keeps a particularly watchful eye on their progress.

In all cases positive reactors are followed up by the Health Visitor with a view to finding the source of infection.

Negative reactors are all offered B.C.G. vaccination. The number of contacts examined in relation to the number of notified cases :—

	1950	1951	1952	1953	*Total.*
Notifications	202	221	189	244	856
Contacts examined ...	411	462	724*	441	2,038
Contacts found to be suffering T.B. ...	3 Adults 1 Child	1 Adult 1 Child	1 Adult 6 Children	1 Adult 4 Children	6 Adults 12 Children

* Increase due to Mantoux Testing and B.C.G. " drive."

Mantoux Tests, 1953

	Children 0–5	*Children* 5–15
(*a*) Positive	35	81
(*b*) Negative	855	132
(*c*) Doubtful (for re-test)	11	9
(*d*) Defaulted (not read)	19	5
TOTAL	920	227
GRAND TOTAL	1,147	

CASE-FINDING SURVEYS.

During the Mass Miniature Radiography Survey, Health Visitors visited a 1 per cent. random sample of the population involving about 500 households and over 1,400 individuals in order to gain the public's co-operation in giving certain information and in attendance for X-ray. The Health Visitor was found to be 30 per cent. more successful as a persuasive power than were lay canvassers who undertook the visiting of a further 1 per cent. sample of the population for the same purpose.

The Health Visitors also participated in the B.C.G. Investigation sponsored by the Medical Research Council by following up, at regular intervals, certain children who were vaccinated (B.C.G.) prior to leaving school. As most of the children involved were working, many evening visits were paid for this purpose.

EMPLOYMENT CONDITIONS.

This is an aspect of which the tuberculosis Health Visitor has little, if any, first hand knowledge.

Most of the patients who are working seem to suffer no adverse effects, unless it is that some do not attend the Chest Clinic because they are unwilling to take time off for this purpose.

In some instances health has deteriorated because the patient acts against advice, *e.g.*, a man, 27 years, is not now able to work because he not only continued to work as a bricklayer against advice, but also worked overtime. Another, manager of a public house, works long hours ; has too little fresh air and too much alcohol : another, self-employed grocer with off licence, works 8 a.m. to 8 p.m., seldom goes out during the day and is never really well. A widow, who works part-time in a cotton mill as cleaner, and whose health has deteriorated, has recently increased her hours of work for financial reasons. She could find alternate work, but " likes the company at the mill." All these are R.A. (sputum negative) cases. One man (R.B.) officially unemployed, helps in his sister's greengrocery shop.

One grievance in particular was reported by a telephonist (Civil Service) who complains that she is not allowed to be included in the pension scheme because she suffers from tuberculosis, although quiescent for two years.

Home Visits

HEALTH VISITORS AND CLINIC NURSES.

*Visits to children under 1 year	11,016
* ,, ,, ,, 1–5 years	20,225
,, ,, expectant mothers, excluding expectant unmarried mothers	305
,, ,, adults (individuals 282)	473
,, ,, tuberculous patients	1,805
Medical follow-up visits—children 5–15 years	882
Cleanliness ,, ,, ,, 5–15 ,,	486
B.C.G. ,, ,, adolescents	321
Mental Health follow-up visits	123
Miscellaneous visits—children 5–15 years	393
Visits by special nurse re breast-feeding	1118
,, to aged persons	2,663
,, ,, unmarried mothers, including expectant unmarried mothers	152
Special visits (including surveys)	2,497
Visits (clinic nurses) re Diphtheria Immunisation	5,889
TOTAL VISITS	48,248
Additional visits—no access (general)	6,334
,, ,, ,, ,, (D.I.)	3,059
GRAND TOTAL	57,641

* Including special visits to illegitimate children.

HYGIENE ATTENDANTS.

Follow-up defaulters (Eye Clinic)	106
,, scabies	111
Visits for bathing of elderly persons	183
,, ,, ,, ,, babies	29
Miscellaneous visits (assist with preparation of and bringing children to Centre—disinfestation, etc.)	23
TOTAL VISITS	452
Additional visits—no access	4
GRAND TOTAL	456

Clinic Work

Type of Clinic.	*Attendances of Health Visitors.*	*Clinic Nurses.*	*Hygiene Attendants.*	*Total.*
Infant Welfare	2,835	404	583	3,822
Ante- and Post-Natal	649	155	59	863
Chest Clinic	19	320	—	339
Family Planning	16	42	—	58
School Minor Ailments	16	2,514	1,254	3,784
,, Clinic (General Medical)	2	1,129	91	1,222
,, ,, (Specialist)	—	787	559 (Eye Clinic)	1,346
Infant Welfare (Specialist)	49	6	—	55
Miscellaneous	66	28	25	119
Chiropody	—	—	313	313
Scabies	—	—	106	106
Relief work—Dental Clinic	—	—	4	4
Orthopædic	—	—	43	43
Disinfestation	—	—	84	84
Relief work—Occupation Centre	—	—	3	3
TOTALS	3,652	5,385	3,124	12,161

Particulars Relating to Treatment of Scabies

	New.	*Old.*	*Total.*
Number of adults treated	148	21	169
,, ,, children 5–15 years	67	16	83
,, ,, ,, 0– 5 ,, ...	40	11	51
TOTALS	255	48	303
TOTALS—1952	(274)	(27)	(301)

Of the figures stated above, 34 were patients treated in their own homes because of sickness or infirmity. The remainder were treated at Ladywell where two sessions—one afternoon, one evening—are held weekly.

BODY VERMIN. Five cases were treated at Ladywell. All cases were treated by Hygiene Attendants.

Time Distribution.

Records concerning time distribution relate only to the first six months of the year for the general health visiting and clinic nursing staff, but were kept for the full year in respect of specialist health visitors.

	General Health Visitors %	*Specialist Health Visitors* %	*Clinic Nurses.* %
Domiciliary	30·94	21·5	14·71
Clinics	32·11	1·38	58·72
Schools	10·11	—	11·84
Miscellaneous	5·0	2·5	2·47
Clerical, liaison, interviewing, etc....	21·22	59·1	12·27
Hospitals	—	15·5	—

Hospital Liaison.

This service provides a link between local hospitals and the public health department, and is the responsibility of a health visitor specially appointed for the work.

Briefly the service provides for an interchange of information between domiciliary and hospital workers, in order that the patients (mainly children at present) may receive the optimum benefit from both services. This interchange of information regarding home environment and hospital findings relates to children attending for out-patient as well as in-patient treatment.

The specialist health visitor accompanies the pædiatrician at Hope Hospital during ward rounds, attends neo-natal and pædiatric out-patient sessions and the Consultant School Clinic session. She confers with resident medical staff and with nursing and other hospital staff, and is now a well accepted member of the hospital as well as of the public health team. She has been invited to join in discussions and lectures held for medical, pædiatric and obstetric staff, and was on one occasion herself a speaker, when she discussed with medical staff the work and scope of the health visitor.

In addition to liaison work, health teaching was carried out by the health visitor in the neo-natal and children's out-patient department, and every opportunity for practical teaching was used. No definite syllabus was followed, but wherever possible a topical subject was introduced. The neo-natal clinic affords the best field for education of the mother, and with the co-operation of medical and nursing staff, a considerable amount of practical teaching has been given. In the other clinics the aim has been mainly to stimulate interest in and to stress the value of good hygiene and simple health rules.

Records were kept relating only to children seen by the liaison health visitor and referred to the general health visiting staff. " Casual " work, which is referred by telephone, letters, discussions, etc., is not included in the statistical report which follows.

It will be seen that of the 1,857 children admitted to Hope Hospital, 909 were for removal of tonsils and adenoids. During the early part of the year five tonsils " lists " per week were dealt with, which were gradually reduced until at the end of the year the normal number of " lists " (two) were in operation. All were followed-up by health visitors.

Admission of acute chest cases has remained fairly constant during the past two years—116 in 1953 against 112 in 1952. Chronic chest admissions were slightly fewer (38) as compared with 46 the previous year. There were 13 cases of primary tuberculous infection admitted, plus six cases of meningitis (some of T.B. origin). It is interesting to note that the rheumatism and chorea cases admitted were exactly the same in number as for 1952, *viz.*, 24. Fewer children were admitted with dietary upsets—21 against 38 in 1952.

Full figures are given below :—

Number of admissions—		
Tonsils and Adenoids	909	
Surgical	240	(10)
*Miscellaneous	228	†(27)
Ear, nose and throat (excluding Tonsils and Adenoids)	150	(7)
Acute Chest Conditions	116	(9)
Orthopædic	46	(10)
Chronic Chest Conditions	38	(11)
Upper respiratory infection	34	(3)
Rheumatism and Chorea	24	(2)
Neo-natal sepsis	23	
Dietary upsets	21	
Primary Tuberculous infection	13	
Meningitis	6	(1)
Epilepsy	5	(2)
Nephritis	3	
Cardiac	1	
TOTAL	1,857	

* Including jaundice, abdominal symtoms, blood anomalies and admission for investigation and diagnosis.
Bracketed figures denote the number of children who were admitted for the second or third time since 1952.
† Includes eight preventable conditions—management and feeding problems, etc.

Number of times children seen in hospital (including O.P.D.)	5,041
,, ,, ,, ,, referred to general health visitors	4,890
As result of Health Visitors' recommendation—	
(*a*) Convalescence arranged	47
(*b*) Date of discharge deferred	30
(*c*) ,, ,, ,, put forward	10

LADYWELL HOSPITAL.

Liaison with this hospital has not progressed at the same rate as at Hope Hospital, as the liaison health visitor is able to visit only for part of one session each week. Co-operation with the nursing staff is good, but it is not easy to establish good contact with medical staff in the limited time available.

Two hundred and three children were admitted, including at times several from one family. Of the 32 cases of Gastro-enteritis and 17 of dysentery a

high proportion came from homes where bad hygiene and mismanagement were the order of the day. There were only four readmissions, but at least one case was readmitted three times.

Clerical and office work takes up a good deal of the liaison visitor's time and clerical help would be of great value here.

Particulars relating to children admitted are as follows :—

Number of admissions—	
Measles	40
Whooping Cough	39
Gastro-enteritis	32
Dysentery	17
Miscellaneous	12
Gastro-intestinal upsets	12
Food poisoning (Salmonella)	11
Impetigo	8
Chicken Pox	6
Tonsillitis	6
Upper respiratory infections	5
Pneumonia	5
Croup	4
Mumps	3
Meningitis	2
Para-typhoid (B)	—
Infective Hepatitis	1
TOTAL	203
Number of times children seen in hospital	609
,, ,, ,, ,, referred to general health visitor	609
As result of health visitors' recommendation—	
(*a*) Convalescence arranged	1
(*b*) Date of discharge deferred	44

This two-way information service is of great value to all concerned—it assists the doctor in the hospital fully to appreciate all factors concerned in the cause of the illness, and influence his decision as to treatment ; as to when and where to discharge the patient ; it is of great value to the health visitor to know of the type of illness, treatment and after-care necessary, so that she can advise the family accordingly ; and most important of all, it affords to the patient all possible means of obtaining the maximum benefit from both curative and preventive services.

The Child Neglected in his Own Home

As in previous years this part of the health visitors' work has been the responsibility of the specialist health visitor for the neglected child. The year 1953 has seen a steady expansion of work, not because child neglect in Salford has increased, but because greater attention has been paid to the detection and remedy of this social evil.

The specialist health visitor's work falls into three parts :—

1. Organisation of the Health Department's work for the neglected child.
2. Personal family case work.
3. Participation in the Case Conference. (A report on this will be found on page 117).

1. Organisation.

As the work increases in scope, so its organisation is becoming increasingly complex. It entails the compiling and keeping of the Register, preparation of family case reports, assessment of the problems and their remedies, consultation with all members of the Health Department staff and close contact with other agencies. The family records built up during the last three years are an indispensable aid in the work for neglected children. In spite of its annual growth the Register is still a far from complete record of the incidence of child neglect in Salford. This is partly due to the fact that it is impossible to establish objective standards by which neglect can be measured. Different workers' opinions on what is, or is not, a neglected child vary widely.

TABLE 1

	Families with neglected children.	Potentially neglected children.	Total
1952 On Register—December 31st	164	5	169
1953 Additions to Register	40	14	54
TOTAL NOTIFIED	204	19	223
Removed from Salford	14	1	15
Children "In Care"	10	1	11
Improving	—26	+26	—
On Register—December 31st, 1953	154	43	197
NET INCREASE OR DECREASE	—10	+38	28

The most significant figure in Table 1 is the transfer of 26 families from the list of neglected children to the list of potentially neglected children, for it shows the measure of success. Whether this is regarded as a good or a meagre result depends entirely on expectations ; we have learnt to labour much and expect little. All families listed as neglectful are notified to the Co-ordinating Officer and become subject to discussion by the Case Conference. Those families that have maintained improvement in their standard of child care over a long period are struck off the Co-ordinating Officer's file. They are, however, kept under close observation and helped in many ways, for once children have suffered neglect or ill-treatment they are always in danger of doing so again.

No one who has made a close study of these families can fail to notice the high incidence of other symptoms of social failure and the prevailing ill-health of mind and body amongst the parents of neglected children. A great deal of research has been carried out in this field of social study and its results have been widely publicised. On the other hand few local authorities have attempted to assess the coincidence of ill-health, mental incompetence, social failure and child neglect within their own area. Yet without such an analysis we can hardly know the problems that confront us.

Table 2 lists 164 families : 154 families still on the register of neglected children, plus 10 families whose children have passed into the care of the

Children Department. This group, therefore, consists of those that have not shown any significant improvement or have lost their family unity. It would not be correct to call it a sample, which must always be a cross-section of the population. Because of this and other limitations this investigation does not claim to be a survey, still less social research, but it is of interest.

TABLE 2

INCIDENCE OF PERSONAL FACTORS.

Associated defects.	Father only.	Mother only.	Both.	Total.	Percentage of 164.
Physical ill-health	14	55	6	75	45·7%
Mental ill-health	19	33	3	55	33·5%
Backwardness	14	39	4	57	34·7%
Excessive drinking	39	15	18	72	43·9%
Gambling	11	4	2	17	10·4%
Criminal record	19	4	2	25	15·2%
Violence	27	3	2	32	19·5%
Promiscuity	9	34	2	45	27·4%

One suspects a certain amount of observer bias, expressed in the remarkable preponderance of personal disabilities of mind and body amongst mothers in comparison with fathers. It is much easier for social workers, and health visitors in particular, to observe and assess the health of the mother. But even when this factor has been discounted the gap remains sufficiently large to require explanation. One possible reason arises from influence of food habits on physical and mental development. Not only does father get better meals than mother, but differential feeding between boys and girls can be observed in the families at an early age. In this case many of the mothers who are too low in health to give their children proper care suffer from the effect of poor feeding in their vital years of growth as well as the present.

The discrepancy in mental ill-health between fathers and mothers can perhaps be partly explained by the woman's greater dependence on good family relationships—and these, as can be seen from Table 6 are far from happy in many of the families under review. The husband has more opportunities to build a social life outside the home even if it is only the dart match at the "local." His wife may feel tied down with children. Thus, if both start family life with an initial instability, a man has a better chance of holding his own and avoiding a breakdown than his wife ; he has an outlet.

Personality defect leading to irresponsible and anti-social conduct has not been included under mental ill-health. The figures quoted under these headings are based on factual information and not on value judgments. They speak for themselves. One hesitates to regard habitual drunkenness, promiscuity, or any of the other behaviour types listed as *causes* of child neglect. Together with the latter they form the symptom picture of social or even spiritual sickness. Unfortunately, we lack information about the incidence of such habits in the population at large, so that accurate comparison is not possible. There can be no doubt, however, that these percentages are high out of all proportion. For example, in 15 per cent. of the group a parent has been convicted of a criminal offence, in some instances, repeatedly. Clearly this is many times the national average.

An investigation of economic status leads us to similar conclusions.

TABLE 3

Economic Status

Number of familes supported by earnings ...	85	51·8%	
* ,, ,, ,, ,, ,, N.A.B. ...	79	48·2%	Permanently 24·2% Periodically 24%
TOTAL NUMBER OF FAMILIES	164	100%	

* In a minority of cases additional to National Insurance Benefits.

It is easy to be misled by these results unless the following facts are taken into account.

TABLE 4

Families supported by National Assistance

Number of mothers with dependent children : (widowed, deserted, separated, unmarried)...	46	58·3% of 79	28% of 164
Number of fathers in bad health	14	17·7% ,, ,,	8·5% ,, ,,
,, ,, able-bodied men receiving N.A....	19	24% ,, ,,	11·6% ,, ,,
Total number of families wholly or partly supported by National Assistance	79	100% ,, ,,	48·2% ,, ,,

What may be called the " destitution rate " of 48·2 per cent. is undoubtedly high, but well below the expectations of those who associate child neglect mainly with poverty. Chronic unemployment of the male breadwinner affects only 11·6 per cent. of these families ; an equal proportion earns wages exceeding £8. On the other hand 11·6 per cent. is much higher than the rate for the whole population. The only conclusion that can be drawn is that in these 19 families the irresponsible attitude of the father causes him to be a financial burden to the community on one hand, and on the other hand leads to the neglect of his children. To enquire into the causes of such personal inadequacy would lead us outside our present enquiry.

TABLE 5

INCIDENCE OF ILLEGITIMACY.

Unmarried mothers	11	13·3% in 83	6·7% in 164
Married ,, ...	69	83·1% ,, ,,	42% ,, ,,
Present illegitimacy, 27			
Past ,, 42			
Widowed mothers	3	3·6% ,, ,,	1·8% ,, ,,
Total incidence of illegitimacy	83	100% ,, ,,	50·5% ,, ,,

These figures are open to conflicting interpretations and to draw any firm conclusions would not be safe. Whatever the ultimate conclusions, the facts behind these figures are of great significance.

Here is a group of 164 Salford families who have one feature in common. They neglect their children. In over half of these families the mothers have had one or more illegitimate children, and of this group most are married women. In 27 cases illegitimate children were born after marriage, the result either of cohabitation or of casual encounters ; and in practically every instance

the marriage is now permanently broken. Observations of the mothers shows not so much lack of affection for mate or children at a given moment, but rather indifference towards marriage and parenthood as permanent obligations.

No less than 42 women began married life after the birth of an illegitimate child. Whether the mother married the putative father or another man seems to have made little difference. In the former case an atmosphere of resentment pervades family life : resentment by the husband because he feels that he has been trapped into marriage ; resentment by the wife for having been trapped into pregnancy. Where the mother has married a man who is not the putative father the lack of trust and respect between husband and wife is, if anything, even greater. We are not here asserting that this rule is applicable to all families with illegitimate children, for no such information is available. We have, however, observed these features in the families under review. All but five of them have been included in the group of marriage failures. Marriage in these cases seems to have created more problems than it solved, not only creating an environment of rejection, but bringing into the world other children often equally neglected.

Only eleven unmarried mothers have been reported for child neglect, which is less than 1·9 per cent. of the total number of unmarried mothers known to the Department at the end of the year. This low figure may reflect the fact that it is easier for the social services to protect the unmarried mother and her child than to help the married women and her illegitimate children.

TABLE 6

INCIDENCE OF MARRIAGE FAILURE.

Divorced couples	2	2·5% of 79	1·2% of 164
Separated „	38	48·1% „ „	23·17% „ „
(*a*) Permanently, 28		— „ „	— „ „
(*b*) Temporarily, 10		— „ „	— „ „
Living together in disharmony	39	49·4% „ „	23·8% „ „
Total marriage failure	79	100% „ „	47·27% „ „
Associated with illegitimacy	65	82·3% „ „	39·5% „ „

It is impossible to say whether marriage breakdown is the cause of the other features of social failure, or whether it is their end result. Whichever way it is, embittered human relationships cannot be separated from child suffering. The community as a whole knows this fact so well, that by now it is a little regarded platitude.

When one attempts to draw conclusions from the investigation one cannot fail to feel confused and discouraged at the complexity of the problem. Is Salford a black spot for child neglect ? What have we to show for all our efforts at prevention and rehabilitation ? In particular, how many children have the Salford health visitors been able to save from neglect and suffering ? It is impossible to answer these questions precisely, because we have no record of those families that by timely help and advice have been kept off the Register. They must be many, but like preventive work in any field, as it is successful, so it is unrecognised.

In this work health visitors need much encouragement and support, and the specialist health visitor for the neglected child has tried to make consultation

with her colleagues number one priority on her time. Other members of the Health Department staff have increasingly sought her help and have themselves helped in many ways in the work for problem families : Medical Officers, Sanitary Inspectors, Midwives, Matrons of Day Nurseries, and not least the Health Department Almoner—these and many more have co-operated in making this service more effective.

The contact with outside agencies and department also has grown steadily. not only referrals, but frequent personal consultation have cut across the tendency to departmental isolation.

2. Family Case Work.

A full account of the specialist health visitor's personal work for neglectful families was given in the last Annual Report. This year's report, therefore, is confined to statistical information.

TABLE 7

ADDITIONS TO SPECIALIST WORKER'S CASE LOAD.

Taken over from 1952	45
Sources of new cases—	
Area health visitor	9
Register of neglected children	6
Case Conference	6
School Medical Department	6
Worker's own area	5
Hospital Almoner	3
Hospital nursing staff	3
Found during course of work	3
Family doctor	2
National Society for the Prevention of Cruelty to Children	2
Head teacher	2
Children Department	1
Superintendent midwife	1
General public	1
Worker for unmarried mother	1
Application by family	8
TOTAL ADDITIONS	59
TOTAL NUMBER DEALT WITH	104

TABLE 8

REMOVALS FROM CASE LOAD.

Total number dealt with	104
Families referred to—	
Health Visitor	33
Mental Health Department	4
Children Department	4
National Society for the Prevention of Cruelty to Children	4
School Medical Officer	3
Probation Officer	2
Almoner	1
Moral Welfare Worker	1
Worker for unmarried mother	1
Hospital Liaison Officer	1
Total referrals	54
Removals from Salford	3
On the books—end of 1953	47

NOTES ON THE ABOVE FIGURES.

The most noteworthy source of new " clients " is shown at the end of Table 7—8 applications by families themselves. Nor was it the mother only

who asked for help : 4 mothers, 2 fathers, 1 aunt and 1 grandmother ! The motives for this approach were equally diverse. The specialist health visitor hopes that this category will grow in the coming year, as it has the best promise of co-operation and success.

The worker tries to avoid having any families permanently on her visiting list, yet 16 of the 47 families forming the case load transferred to 1954 were taken over from 1952—the hard core. The average case load at any one moment was 62 families—much too big a case load for one social worker. In fact, 65 of the 104 families are part of the group of 164 families from the neglected children register on which the investigations were carried out. The knowledge that many of these families' needs have not been met because they were visited too infrequently has been—and still is—a source of worry and frustration to the specialist health visitor. As long as Salford is short of experienced health visitors the specialist worker's case load is bound to be heavy, and the families and their children suffer the consequences.

Organisation and administration alone by now cover such a wide field that they have become almost full-time work without adding any family case work. In this situation even our small measure of success becomes a matter for thankfulness. Most of the 33 families passed on to area health visitors had shown definite improvement which had led to the greater health and happiness of the children. A few have done so well that it proved unnecessary to enter them even on the list of potentially neglected children. We will not relax our efforts, but from time to time will stand back to enquire, to survey and to learn. Nothing endangers social work as much as prejudice and the closed mind. Equally, nothing will benefit the workers—and through them the children—more than the humility that can admit that we have just come to the beginning of the road.

Care of the Elderly.

A new system of record keeping was evolved towards the end of the year which throws some interesting side lights on the lives of elderly persons in the City.

One thousand and forty new cases were referred to the Department throughout the year and a total of 2,164 persons were helped in some way or another. In reviewing the cases remaining on the register on 31st December, 1953—some 1,866—it is interesting to note that there were 2·5 females for every male referred for help. Not that woman is the weaker vessel, as is implied—the figure is proportionate to the overall preponderance of elderly women over men.

One-third of all cases referred lived alone and were potential problems if only for this reason, apart from any specific need.

Almost half the total number on the register were persons between 70 and 80 years of age. Unfortunately, the figures show only those *known* to be in need—other means of case finding will be necessary before the full extent of the problem is revealed.

The number of persons working appears to be low, but is to be expected in a group of this kind, especially when one considers that over half the total number were not fully ambulant, and of those who were, the greater proportion was female, many of whom had been housewives for years and who were

still capable of and still carried out their work in the home. It is sad to think that almost one-third of the total were either housebound or bedridden.

Another significant feature is the large proportion receiving supplementary pensions, i.e., just under three-quarters of all the pensioners under review. Pride in many cases prevented others equally needing from applying for a similar allowance. Expenses often found difficult to meet are electricity and coal bills, radio licences, etc. These items are essentials for elderly persons—good lighting prevents many home accidents, warmth is not easily generated in an ageing body, and a fire or other form of heating is essential in winter months. A radio helps to provide interest, which in turn helps to ward off the onset of senility. These are items which might well be considered in the same light as rent by the National Assistance Board when making assessment for supplementary allowances.

It will be seen that the hospitals referred the greatest number of persons to the Department, with the Civic Welfare Department referring only slightly fewer. Family doctors might make more use of the service—the majority referred by doctors were persons in respect of whom unsuccessful application had been made for hospital in-patient care and often in the hope that this Department could in some way expedite admission. To be of maximum benefit the service should be used early—at the beginning of a problem—rather than as a last resort.

During 1953 there seemed to be an improvement in the attitude of many relatives towards the care of their old people. The fact that this Department is interested in the problem and is sharing in some way the burden, seems to give encouragement to relatives who otherwise are daunted by the responsibility such care entails. If only some definite assurance could be given that a hospital bed would be available in case of emergency—social as well as medical—it seems likely that many more families would accept responsibility for their aged relatives.

" Problem " elderly persons have presented great difficulties. Often living in the most appalling conditions, filthy and perhaps verminous, suspicious and " awkward " to a degree, they invariably refuse to co-operate in any plans for their welfare. Action could, of course, be taken under Section 47 of the National Assistance Act, 1946, but such procedure is contemplated only in extreme cases and always with reluctance.

Another difficulty is lack of national provision for mild cases of senile dementia. Not certifiable, but sufficiently disorientated to disturb the even tenor of either home or general hospital, this group fits into none of the social schemes of the Welfare State. Undue pressure is often brought to bear upon the local authority to admit such cases to a mental hospital—mainly because no other source of help is available.

The specialist health visitor and others engaged mainly in work for the elderly have tried to pay follow-up visits to all cases at appropriate intervals, but the ever-increasing number of cases referred made it impossible to organise a satisfactory home visiting system. The length of time between visits was far too long to be effective, and deterioration took place in many cases, which might have been prevented by more timely visits.

An experimental *domiciliary bathing service* tried during the year has proved the need for an established service of this kind. *Stimulation of an interest*

in personal hygiene has led in many cases to an interest in *environmental hygiene*—it has resulted in the closer co-operation of relatives, friends and neighbours. It should be remembered that whilst some people are willing to help a sweet, clean old body, these same people could not tolerate somebody dirty and smelly. Many old people do not become dirty by choice, it is the difficulties which they have to face which often causes deterioration—the lack of outside interest, no hot water laid on—the lifting of heavy vessels to heat water—often the only place to heat being the fire—the increasing failing physical abilities. Hygiene attendants are used for this work (see also page 80).

Close co-operation was achieved between the Department and other social services. Darby and Joan Clubs have made the health visitor for the aged especially welcome ; she has given talks in the clubs on many occasions and always has a most attentive audience.

The Hope Hospital Chiropody Service is now very well used by the old people—as is the Foot Clinic at the Crescent. There is need for an extension of this service, as there is a waiting list in both instances. Old people can become housebound for lack of attention to feet.

Two " Over Sixties " Welfare Centres were opened towards the end of the year, on similar lines to centres operating for children, their main function being advisory in health and social fields. Whether or not this venture will be successful it is too early to say, as only a few sessions (21) were held before the end of the year. The sessions are held at the Crescent Clinic for women and at Langworthy Centre for men.

A review of the cases on the register at the end of the year showed the following :—

Number of persons on the register, 31st May, 1953 :—
Females, 1,339 ; Males, 527 ; Total, 1,866

Ward Distribution.

Albert Park	160	Mandley Park	108
Charlestown	141	Ordsall Park	118
Claremont	121	Regent	114
Crescent	97	St. Matthias	140
Docks	88	St. Thomas	123
Kersal	83	Seedley (108) and Weaste (122)	230
Langworthy	144	Trinity	84

Age Distribution.

60–65 years	226
65–70 ,,	335
70–75 ,,	460
75–80 ,,	426
80–85 ,,	281
85–90 ,,	110
90+ ,,	28

State of Activity.

Ambulant	889
Semi-ambulant	372
House-bound	412
Bed-ridden	193

Financial State.

Supplementary Pension	1,246
Retirement Pension	562
Working	58

Number living alone	621

Cases were referred by—

Hospitals	447
Civic Welfare Department	424
Home Help Service	325
Found by Specialist Health Visitor during course or work	279
General Health Visitors	101
Family doctors	91
Relatives and friends	64
Voluntary Organisations	35
Sanitary Inspectors	32
Other statutory bodies	27
Mental Health Department	24
Housing Department	17

Reasons for referral to the Department were associated with the following :—

Rheumatic disorders	383
*Miscellaneous health conditions	263
Chest conditions	253
Needing care (no specific reason)	208
Cardiac conditions	191
Vascular conditions (including thrombosis)	157
Senile mental condition	135
Alone and neglected	117
Diabetes	92
Cancer	85
Blindness	82
Deafness	76
Incontinence	59
Kidney troubles	53

* Includes gastric disorders, ulcerated legs, orthopædic conditions other than of rheumatic origin, etc.

Cases were referred by the Department to the following :—

Home Help Service	533
For Health Visitors' advice (no material help needed)	484
Civic Welfare Department	181
Care of relatives	175
Meals on Wheels Service	108
Darby and Joan Clubs	103
Family doctor	99
Hospitals	90
Chiropody (Hospital O.P.D.)	75
Cripples' Aid Society	67
National Assistance Board	62
Home Nursing Service	62
Blind Welfare	51
Sanitary Inspectors' Department	48
Other Statutory and Voluntary Organisations	46
Churches	34
Council of Social Services	28
Mental Health Department	28
Bathing Attendant	25
Laundry Service	8
TOTAL REFERRALS	2,307

Home Visits during 1953—

Individuals visited—Primary visits	990	
Subsequent visits	1,673	
		2,663
Households visited		2,328
Additional visits—no access		407
Office interviews		88

At the end of the year :—

(*a*) Those remaining on the visiting list	1,653
(*b*) In hospital	122
(*c*) In "The Homestead"	89
(*d*) Removed from Salford during the year	48
(*e*) Died during the year	250

HOME NURSING SERVICE

Greater difficulty than ever has been experienced in obtaining candidates for training for this valuable service. Only four students who commenced their training in August were appointed this year. Trained staff are attracted to areas where better amenities are provided in the form of transport and housing. It is not always realised that home nurses *must* visit their patients whatever the weather, and great credit is due to the staff who carry out their duties with a cheerfulness and a devotion to duty which is an example to all.

Many letters of appreciation of the service have been received from relatives and friends of patients.

The provision of transport for the home nurse is a necessity. A beginning was made this year by the provision of a car without chauffeur from the Central Garage, for the use of one member of the staff. The car is available only in the mornings, but even this limited use has resulted in this one particular nurse being less fatigued and being able to carry out more relief duties. Later in the year this transport facility was extended to another member of the staff—one of the male nurses—which thus enables him to take in a wider area in the City.

At the end of the year, in addition to the Superintendent and her assistant, there were only five fully-qualified home nurses on the staff (two female and three male). The remainder of the whole-time staff consisted of four student nurses, two state enrolled assistant nurses and four auxiliaries. Part-time staff consisted of three state registered nurses and one state registered fever nurse.

During the year, 1,645 new cases were nursed, an increase of 79 over the number for 1952. Included in these cases were 1,000 patients over the age of sixty. The number of visits paid was 47,855—over 2,000 more than in 1952.

The greatest number of cases (84·3%) as in former years were referred by family doctors, 12% were referred from the various hospitals, and the remainder were from this Department, or made application direct to the Service.

One thousand, two hundred and eight cases were classified as acute medical, 803 patients were treated with penicillin, and 118 with streptomycin. Also among the new cases were 179 children under the age of five, 102 cases of tuberculosis, and 114 cases of carcinoma. Among the most distressing cases, which are cared for by the Home Nursing Staff, are advanced cases of carcinoma.

Although there is no night service as such, staff are frequently called on to give treatment to patients late at night. These calls, of course, fall on the resident staff, who are the only ones available.

Given below are some statistics relating to the Home Nursing Service :—

Population nursed	176,400
Nursing staff	15
Population per nurse	11,760
Cases nursed	2,927
,, per nurse	195·13
Nursing visits	47,855
Visits per nurse	3,190·3
,, ,, case nursed	17
Population per case nursed	60·25
Hours per week per nurse	46·3

Co-operation with Local Hospitals. The Matron and Sister Tutor from Salford Royal Hospital and 49 student nurses from this hospital and the Royal Manchester Children's Hospital visited the Nurses' Home to learn something of the service. Each visitor spent a morning on the district with a member of the staff. All were greatly impressed by the reception given to the home nurses by both patients and relatives. These visits by hospital staff are enjoyed by our own staff, who welcome the opportunity of meeting nurses who have cared for their patients in hospital.

Loans. Two hundred and forty-eight articles of nursing equipment were loaned out during the year.

In some cases great difficulty is experienced in getting the articles returned when they are no longer required by the patient. In one instance a bed-pan was put in the dust-bin, and in another, a bed-pan was not returned until a year after the patient had died.

INCIDENCE OF BLINDNESS.

I give below a report on the incidence of blindness in the City, tabulated as follows :—

A1. Registered Blind Persons.
A2. Registered Partially Sighted Persons.
B. Ophthalmia Neonatorum.

Blind Person.

A1. Follow-up of Registered Blind Persons.
Total number of cases registered during 1953 ... 41

	Cause of Disability			
(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D. 8 recommends :—	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(*a*) No treatment	12	6	—	16
(*b*) Treatment—				
Medical	2	1	1	4
Surgical	3	—	—	—
Optical	—	—	—	—
(ii) Number of cases at (i) (*b*) above which, on follow-up action, have received treatment.	5	1	1	4

A2. Follow-up of Registered Partially Sighted Persons.
Total number of cases registered during 1953 ... 38

	Cause of Disability			
(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D. 8 recommends :—	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(*a*) No treatment	6	1	—	10
(*b*) Treatment—				
Medical	—	2	—	5
Surgical	2	—	—	1
Optical	2	4	—	5
(ii) Number of cases at (i) (*b*) above which, on follow-up action, have received treatment.	4	6	—	8

B. Ophthalmia Neonatorum.

(i) Total number of cases notified during the year	2
(ii) Number of cases in which—	
(*a*) Vision lost	Nil
(*b*) Vision impaired	
(*c*) Treatment continuing at end of year	

ALMONER'S DEPARTMENT

Home Help Service.

July 4th, 1953, saw the completion of the first five years of this service under the National Health Service Act, 1946. The service had had a good start in Salford, and for at least thirty years there had been a small but very useful home help scheme, dealing chiefly with maternity cases. Between 1945 and 1948 its scope had been greatly increased. One remembers, however, in the early days, that a target of 50 home helps was something to be aimed at in the dim and distant future. Now, with a staff of 200 home helps, the target is 250, and there is not the slightest doubt that every one of them will be needed. The figures given below indicate the growth of this service by showing the number of home helps employed at the end of each of the last six years.

	Full-time.	*Part-time.*
31st December, 1948	5	29
,, ,, 1949	6	57
,, ,, 1950	8	72
,, ,, 1951	6	126
,, ,, 1952	4	138
,, ,, 1953	3	193

The conception of the service at the outset was that it would deal chiefly with emergencies but it has been found that, whilst continuing to meet emergency calls, the nature of the work has undergone considerable change. We have learned that it is futile to make temporary arrangements for serving people suffering from long crippling illnesses, and whilst the aged remain alive and at home it is almost impossible to remove a home help from their services as the following figures show :—

28	have	received	continuous	service	since	1949
28	,,	,,	,,	,,	,,	1950
76	,,	,,	,,	,,	,,	1951
103	,,	,,	,,	,,	,,	1952
263	,,	,,	,,	,,	,,	1953

One of the greatest difficulties of officers dealing with the aged is the number of cases of senile dementia. Frequently, mild confusional states are made worse by the old person having no one at hand to advise and help in the small emergencies of life. Happenings which appear trifling to a younger person become for the time being a major crisis. For example, a new milk roundsman who leaves more milk than is required or leaves none at all ; the insurance man who misses collecting his few coppers premium on his usual day ; or possibly a relative who usually calls on Thursday being unable to come until Saturday. In such cases the home help calling regularly two or three times a week is able to straighten out these small difficulties and often her efforts prevent a collection of such petty annoyances accumulating into a problem.

It is, therefore, now our practice to give the minimum help at the start of such cases and to increase only as the need increases, otherwise the service

would be confined to the few, and the many who were in equal need would be left without help.

Our ideas about " the aged " have undergone a change, too. Nowadays we seldom regard anyone as being really old until they are approaching 80. Some of our clients who are between 85 and 92 still manage quite well and preserve a fair amount of independence with three half-days help per week.

The team of workers serving the aged in Salford is well and happily co-ordinated, and we have taught each other to use very much the same standards when assessing their needs. Gone are the days when, at the urgent request of some worker more sentimental than realistic, the home help visitor went hurrying miles to visit an old person in a distant part of the City only to be told, " you can send someone if you like," or " my daughter comes in every day," or even a flat refusal.

The most suitable women for employment as home helps are those who are married and whose children are growing up. They have acquired experience both of housekeeping and of life, and the majority of them quickly adapt themselves to the work. The practice of appointing part-time helps has been continued and has proved economical and satisfactory, both to employers and employee. The full-time help service was reduced during 1953 to three women, the remainder having resigned or transferred to the part-time staff.

We have been rather more successful than in previous years in securing helps willing to assist in families where there is a patient suffering from tuberculosis and have fulfilled most of the demands made upon the service. Two problem families have been assisted and in several cases where there has been an old person living in great squalor, the need has been met by sending one of the full-time helps occasionally. In other cases two helps together have tackled a household which would have daunted either if they had gone singly.

There is in Salford no training scheme, but careful selection does much to ensure that the right women are appointed as home helps. Two short courses of training were arranged during the year, the first comprised a series of talks by members of the Health Department staff, a Probation Officer and a member of the Family Service Unit. The second course, entirely devoted to cookery, was arranged by the courtesy of the North Western Gas Board, with the willing co-operation of the Board's staff. In May, 1953, the National Institute of Houseworkers, at the request of the Health Department, examined six home helps. The examination lasted one week, and five of the candidates were successful in obtaining the Institute's diploma. The diplomas were presented by the Mayoress, Mrs. J. Shlosberg, at a gathering of some 70 helps, which took place at Jutland House in September, 1953. At this meeting, the helps were addressed by Miss Hughes, Principal of the Manchester College of Housecraft ; Mr. R. Cooke, Secretary of the Salford Home Safety Council ; and Miss A. E. Girling, Public Health Nursing Officer of the Ministry of Health.

In January, 1953, 75 helps and their friends saw the Christmas show at the Manchester Opera House, preceded by dinner at a Manchester restaurant, and in June a similar number went by motor coach to a Chinley Hotel, where a supper dance was much enjoyed. The arrangements for these evenings were made by the organiser's staff and are part of their effort to make these very personal servants of the public feel that they are part of a team.

At the end of 1953 there were 193 part-time and 3 full-time home helps. The average number of hours worked per week during the year was 3,321, the number of households assisted, 769, the number remaining on the books at 31st December, 498, and the number of visits paid, 1,410.

ANALYSIS OF CASES.

Infirmity due to old age	213
Bronchitis and asthma	42
Blind	36
Arthritis and rheumatism	84
Heart condition	89
Cerebral hæmorrhage	40
Skin and ulcers	12
Diabetes	11
Cancer	32
Fractures	18
Blood pressure	30
Spinal conditions	4
Pulmonary tuberculosis	9
Muscular paralysis	3
Parkinsons disease	2
Post-operative	14
Burns	1
Neurotic	15
Pre-natal	4
Maternity	44
Post-natal	21
Anæmia	3
Pagets disease	1
Cripple	13
Nephritis	2
Mothers and young children	26

Convalescence and Recuperative Treatment

Pre-school Children's Convalescence.

Arrangements were made for convalescence for eighteen children under the age of five years.

1	Child was at Ormerod Home, St. Annes, for	6 weeks.
1	,, ,, ,, ,, ,, ,, ,, ,,	4 ,,
1	,, ,, ,, Sefton Home, near Liverpool, for	5 ,,
1	,, ,, ,, Swancoe House, Macclesfield, for	4 ,,
3	Children were at Hillary Home, Prestatyn, for	4 ,,
1	Child was at ,, ,, ,, ,,	6 ,,
1	,, ,, ,, ,, ,, ,, ,,	7 ,,
1	,, ,, ,, West Kirby Convalescent Home for	12 ,,
2	Children were at West Kirby Convalescent Home for	8 ,,
1	Child was at ,, ,, ,, ,, ,,	13 ,,
4	Children were at St. Joseph's, Freshfield for	4 ,,
1	Child was at Princess Christian Home for	3 ,,

School Children's Convalescence.

One hundred and fifty-nine school children were sent for periods of convalescence during 1953.

Of this number, 139 were referred by school medical officers and 20 were referred from hospitals, where the children were in-patients at the time of application.

104	Children	were	away for	four weeks or less.
2	,,	,,	,,	five ,,
21	,,	,,	,,	six ,,
26	,,	,,	,,	eight ,,
1	Child	was	,,	ten ,,
5	Children	were	,,	twelve ,,

The financial provision made for school children convalescence was completely exhausted two months before the end of the financial year 1952-53, and this has been repeated for the year 1953-54. There has, in the year under review, been an unusually large number of requests for extensions of the four weeks normally permitted. Though there can be little doubt that the extensions were genuine necessities, the fact remains that for every child who had four or eight weeks' extension, one or two other children were unable to go.

The Invalid Children's Aid Association have again been most helpful, and in the majority of cases have undertaken the arrangement of convalescence and the transport of the children to and from Homes.

The Homes used, and the number of children sent to each, is given below :—

West Kirby Convalescent Home (to which children requiring continual medical care are sent)	34
Taxal Edge (for boys 9 to 15 years)	22
Ormerod Home, St. Annes-on-Sea	37
Margaret Beavan Home, Heswall	6
St. Joseph's, Freshfield	27
Boys' and Girls' Refuge Home, Tanllywfan, Old Colwyn	8
Ellen Gonner Home, Hoylake	8
Hilbre Nursing Home, Gwespyr, Holywell	2
South Meadow, Pensarn	10
Swancoe House, Macclesfield (for special " problem " cases) ...	6
TOTAL	160

Eighteen children for whom arrangements were made failed to go away.

During 1953, four children were sent to the Diabetic Camp at Beverley, Yorkshire. This camp, run by the Diabetic Association, provides very welcome accommodation for children who are debarred by their complaint from ordinary camps or convalescent homes.

Adult Convalescence.

9 Persons were sent to Westhill Convalescent Home, Southport.
4 ,, ,, ,, ,, Boarbank Hall, Grange-over-Sands.
2 ,, ,, ,, ,, the Lear Home of Recovery, West Kirby.
1 Person was sent to the Evelyn Devonshire Home, Buxton.
1 ,, ,, ,, ,, ,, Cheshire Foundation Home for the Sick.
1 ,, ,, ,, ,, ,, Ilkely Convalescent Home.

Mothers with Young Children.

BRENTWOOD RECUPERATIVE CENTRE. Five women and eighteen children were sent to Brentwood during 1953. In these cases, arrangements are made to follow-up the familes and often, whilst the mother and children are away, interested workers do intensive work so that when the woman returns she will in every way have a fresh start. We find that families with problems (that is, those who still considered themselves responsible for their children's well-being) are greatly helped by the understanding, friendly and restful atmosphere at Brentwood. There can be no doubt that some have been prevented from developing into problem families by timely transportation to Brentwood, and in these cases the usual four weeks' period is adequate.

Those who are at the outset, problem families, and who have shed their responsibilities on to various authorities, seldom show any spectacular improvement. Most of them would require much more than four weeks to begin

to learn what Brentwood has to teach. Nevertheless, apart from the new start in health and cleanliness, which the mothers and children receive, there often appears at a later date some sign in either method of cleaning, in cooking, or in knitting or sewing, showing that at least some of the Brentwood teaching has found its mark.

One mother with three children went to the Family Holiday Association Home, Leonard House, Colwyn Bay, for two weeks. Two mothers went to Boar Bank Hall, and one to West Hill Convalescent Home, Southport, for two weeks in each case. One mother with six children went to the Manchester Cathedral Country Home at Mellor, for one week.

Loan of Sick Room Equipment

The following articles were issued on loan during 1953.

Air rings	42
Urinals	17
Bed pans	39
„ rests	17
Dunlopillo bed	1
Iron bedstead with pulley	1
Feather pillows	12

The above figures refer to loans made from the Almoner's Department and are aditional to those made by the Home Nursing Service. No provision has been made for the loan of invalid chairs or spinal carriages. In several cases the almoner has been able to arrange for these to be borrowed from voluntary agencies and in two cases has loaned wheel chairs which have been received as gifts.

Tuberculosis

One hundred and eighty-four patients or their relatives were interviewed, chiefly in connection with their domestic problems, finances or with issuing of certificates for food priorities.

Venereal Disease

Three hundred and seventy-seven new cases were interviewed ; 228 visits were paid to patients defaulting from treatment ; and 602 letters were sent to defaulters.

Laundry Service for the Incontinent Aged

The service was used in five cases during 1953.

Children Neglected in their Own Homes

The Almoner acts as Chairman at the Case Conferences on neglected children and account of this work will be found in the designated officer's report.

"CARE OF THE ELDERLY" PANEL MEETINGS.

These meetings, attended by Local Authority Officers concerned with the welfare of the elderly and by representatives of voluntary organisations which do work for aged persons, are held each month at the Health Department. The meetings are an effective means of liaison and exchange of opinions and experience between those engaged in welfare work for elderly people.

Following is an account of a Panel Meeting held on 15th December, 1953 :—

Present : Medical Officer of Health and members of the medical, nursing and administrative staffs, Health Department, Salford.

Also present were : Lady Hamilton (W.V.S.) ; Dr. Boucher (Ministry of Health) ; and Mrs. D. G. Rothwell, M.B.E., J.P. (W.V.S.).

The meeting opened by a discussion on the need for a special and complete service for the aged. Dr. Boucher suggested that some people aged 50–55 years could come into the category of " the ageing population." Some of Salford's provisions for old people were described :—

Specialist Health Visitor.

A specialist health visitor is employed, who, with the general health visiting staff, supervises the health of and deals with many of the social problems afflicting the aged and infirm in the City.

Medical Advisory Centres for the Over Sixties.

Two old people's sessions are held weekly, one for men (at Langworthy Centre) and one for women (in the Clinic Room, Royal District Nurses' Home). The aim is the preservation of health, leaving the treatment of disease to the family doctor. There is a medical officer in attendance, either Dr. Duncan E. Jeremiah, or Dr. Eleanor P. Brown, as well as the specialist health visitor. An experimental chiropody session is run simultaneously with the men's welfare session. Advice of all kinds is given to the old people as well as minor ailment treatment such as the syringing of ears.

Meals on Wheels.

This service is run by the W.V.S., who provide voluntary help and the van. The meal which is cooked at the Civic Restaurant and put in special " muff " containers, costs 10d. In Salford, 60 meals are served each week. The van is out for two days weekly. Requests are increasing and there is a plan to send the van round on a third day.

The meal is a large one and often the old people make it last for two days. Lighter meals, usually fish, are served to convalescents.

The old people look forward to a chat with the W.V.S. helpers—because of this the service cannot be rushed. All the meals are served by 2 p.m. as this is considered to be the latest time at which the mid-day meal is welcomed.

Mrs. Rothwell told of an old lady who said that she could not afford to pay for any more dinners. The W.V.S. worker picked up 2s. 0d. from the table thinking it was for payment of the meal but was surprised to find it was money for a bet.

The meals on wheels service is a very exacting one to run, much can go wrong—cans not properly sterilised, breakdowns, etc. Excellent co-operation exists between the specialist health visitor and the W.V.S. workers who organise the meals on wheels service.

Laundry Service (for those who are homebound and incontinent).

This service is not used to the full. Perhaps more incontinent people can get into hospital now. Miss Langton (Superintendent Health Visitor) suggested there would be more demand for assistance if we could offer bed linen. Miss Chadwick (Almoner) to make enquiries as to whether or not we

should provide some bedding—a pool of say two or three dozen sheets. As a result of this meeting an excellent supply of sheets has been generously provided by a voluntary organisation—The Ladies of the Inner Wheel. The laundry service could be given more publicity in the bulletin to family doctors.

Lady Hamilton asked if nappies had been tried. They have been used but are not considered effective with these old people.

Diversional Therapy.

The possibility of providing more diversional therapy at Darby and Joan Clubs was discussed. The British Red Cross and Cripples' Help Society might assist. It was pointed out that housework is the diversional therapy of many old folk ; men as well as women ! Work should, if possible, be remunerative.

Employment of the Aged.

Considerable attention is now being devoted to the employment of old people. A representative committee has been established by the Minister of Labour to study the subject. About 400,000 men between the ages of 65 and 70 are at work, 50 per cent. of this age group, and 175,000 remain occupied after the age of 70. There is no doubt that a sudden break in routine caused by enforced retirement can precipitate mental and physical deterioration. Continuation in employment, provided it is suitable to the old person's capabilities, maintains health.

In Finsbury, the Old People's Welfare Committee have started an employment scheme for old people. The place of work is a terraced house and the hours of work are either from 10 a.m. to 1 p.m., or 2 to 5 p.m., for five days a week. For this the old people are paid 10s. 0d. a week. There are usually 28 present each morning and each afternoon. The average age of those attending is 76. The workers attend regularly and their health improves by having an interest. They are mentally more alert. They can also do out-work in their own homes. The articles made are sold back to local shops. Such a scheme is worth looking into !

More research should be done to find out the cost of providing comprehensive care for the aged at home, in hospital or hostel. This type of research needs to be done expertly. A good practical employment scheme and the cost thereof needs to be worked out.

Lastly, members of the Panel examined with interest various aids to the disabled which had been kindly provided on loan by the British Red Cross Society for exhibition purposes.

HEALTH EDUCATION

During the year Health Education activities were mainly concentrated on the Salford Health Survey ; the unique Mass Radiography project using six Mass Radiography units of the Manchester Regional Hospital Board in an attempt to X-ray a substantial percentage of Salford residents and workers.

The results of the survey will not be available until the joint report is published, but the Health Education activities involved included participation at all stages in the planning and operation of the survey, particularly in liaison and propaganda work.

The propaganda methods used were many and varied, and included the preparation and issue of frequent press statements, the recording of B.B.C. newscasts, the printing and display of many hundreds of posters of all sizes from large billposters (16's) down to double crown and smaller, the printing and issue of substantial numbers of leaflets, including a personal letter leaflet from the Medical Officer of Health, delivered to all householders in the City, and an appeal to parents issued in co-operation with the Director of Education, which was taken home by every school child. The local and national press co-operated magnificently and for long periods published weekly articles and statements on the survey.

Some rather novel publicity features involved the detailed planning and use of house-to-house canvassing by a commercial publicity firm, the display of short advertising films and slides in all local cinemas (eighteen local cinemas gave free screen advertising facilities during the survey) and in addition, many cinemas displayed sets of posters ; local newsagents co-operated in the delivery of leaflets with newspapers, and particular appeals were made to local organisations. The active assistance of clergy of all denominations was obtained and many parish magazines carried short articles on the survey. With the approval of the Chief Librarian, 20,000 bookmarks drawing attention to the survey were distributed through the central and branch libraries.

The National Association for the Prevention of Tuberculosis were keenly interested in the survey and provided material assistance in financing part of a " random sample " of households undertaken to provide information on the social background of a number of volunteers who attended for X-ray.

The survey was an outstanding example of co-operation between two major parts of the National Health Service—the Manchester Regional Hospital Board on the one hand, and the Local Health Authority on the other. Active support came from many general practitioners.

Normal health education activities were continued throughout the year, although on a rather restricted scale. Poster and light exhibit displays were held at different centres and a novel working model exhibit on smoke pollution was maintained throughout the year in one of the Health Department's display windows and aroused much interest. The exhibit consisted of air pollution recording apparatus working continuously and adequately captioned together with the daily display of filter papers produced, compared with those produced during periods of fog. A backcloth of a typical industrial scene and facts and figures on smoke pollution completed the display. Further window displays included a " live " nutritional deficiency display using rats and chickens.

Detailed arrangements were made for observation visits for groups of student nurses and for post and pregraduate students of the Faculty of Economic and Social Studies of the University of Manchester and overseas visitors on W.H.O. and other fellowships.

Increasing use was made of 35 mm. film strips for teaching purposes in clinics and waiting rooms, for students, mothercraft groups and members of mothers' clubs. Sound film strips were experimented with and proved a very popular and useful media for obtaining audience participation in discussions. A series of lecture/film shows were held for the medical, nursing and inspectorial staff of this and adjoining authorities and proved popular and well worthwhile. The lectures were invariably of a very high standard, and the

films of a high quality, *e.g.*, " A Two-year-old Goes to Hospital," " Smoke Abatement in Los Angeles," " Grief in Infancy," etc. It is hoped to make increasing use of the 16 mm. sound film as an aid in health education work, not only for staff, but increasingly for members of mothers' clubs, mothercraft classes, etc. Council authority was obtained at the end of the year for the purchase of a 16 mm. sound projector and other necessary equipment, and adequate funds were allocated for the hire of films. Two 35 mm. film strips projectors are regularly in use and the library of over 100 film strips on health subjects is constantly being supplemented.

An adequate stock of posters, leaflets, display sets, wall charts, etc., are used as supplements to lectures and discussions and poster displays are maintained in all centres. Talks are given by members of the staff to local associations, women's guilds, parent groups, etc., and the Health Education Officer is actively concerned in the problem of Home Safety as publicity and propaganda officer for the local Home Safety Council.

The Central Council for Health Education is actively supported by the City Council, and during the year a very effective course in Human Relations was held locally by the Central Council.

The local press proved once again most helpful and published many articles submitted from the Health Department.

MENTAL HEALTH SERVICE

It is the aim of the Mental Health Service to help in the prevention, care and after-care of patients in the community suffering from mental illness and mental deficiency. This task is becoming simpler with the growing awareness in public opinion of the importance of good mental health.

Many patients notified for action under the Lunacy Act and Mental Treatment Acts can be prevented from going into Mental Hospital by co-operation between the Psychiatric Clinics and Mental Health Service or with the Mental Health Service working in liaison with the General Practitioner, the mental health social worker dealing with environmental problems. In other cases the breakdown has had as a precipitating factor some problem which could be dealt with by another specialist agency, for example, a patient suffering from reactive depression who attempts suicide may have done it as a result of a problem which can properly be dealt with by the Marriage Guidance Council or by Probation Officers. Other patients showing signs of breakdown can be dealt with by agencies which provide occupational therapy or homework to keep the patient healthily occupied.

At this stage I would like to emphasise a serious problem which faces the Salford Mental Health Service, which has referred to it for advice or action psychopathic personalities. These cases often turn up as notifications at night. They are neither sane nor insane within the meaning of the Lunacy Act and, I would like to stress, cannot adequately be dealt with under existing legislation. They do not have sufficient insight or strength of will to go for treatment when appropriate treatment is available. This group includes amoral psychopaths, aggressive psychopaths and alcoholics. They are a constant worry to their relatives, doctors, employers and social workers, and there is an urgent need for legislation to enable this group to be dealt with. In the case of alcoholics, much help has been forthcoming from the Alcoholics Anonymous, and I would like to pay tribute to this organisation and to the perseverance and patience with which they deal with each individual case.

The year has seen advances in the mental deficiency field. A Male Adult Centre has been opened and now all defectives in need of Centre training (with the exception of fifteen with multiple disabilities which make them unsuitable for present Centre training) are receiving such training. Moreover, the appointment of an additional social worker and a trainee mental deficiency social worker has made it possible for casework in the defective field to be extended.

Students.

Six university students did practical work in the Service during the year, and the working of the Department was shown to various other groups of student nurses, student health visitors, and persons representing various overseas organisations.

Lunacy and Mental Treatment Acts.

Two hundred and seventy persons of all ages were admitted to Mental Hospital during 1953. They were admitted on the following orders :—

	Over 65		*Under 65*	
	M	*F*	*M*	*F*
Section 16, Lunacy Act, 1890 (certified)	8	11	11	20
,, 20, ,, ,, ,, (3-day Order)	3	7	25	26
,, 21, ,, ,, ,, (14-day Order)...	11	23	31	59
,, 11, Mental Treatment Act, 1930 (Urgency Order)	—	—	1	—
,, 1, ,, ,, ,, ,, (Voluntary) ...	—	—	14	19
,, 5, ,, ,, ,, ,, (Temporary Treatment)	—	—	—	1
	22	41	82	125

Admitting to Hospitals.	*Totals.*				
Prestwich Hospital	157	3	9	50	95
Springfield Hospital	33	2	12	10	9
Others (i.e., Oldham, Bury and Rochdale) ...	80	16	20	21	23
	270	21	41	81	127

A further 200 cases were notified either for action under the Lunacy and Mental Treatment Acts, or for the advice of the duly authorised officers, acting as mental health social workers. These cases were dealt with as follows :—

	Over 65		*Under 65*	
	M	*F*	*M*	*F*
Referred to Civic Welfare Authority	1	10	3	6
,, ,, other Local Authority...	—	1	—	3
,, ,, Probation Officer	—	—	—	1
Placed under Home Supervision by M.H.S.	1	7	23	15
Referred to Specialist Health Visitors	1	7	6	4
,, ,, Psychiatric Clinics	—	—	11	10
*No action taken	9	25	19	23
†Died after notification or whilst awaiting admission ...	3	6	2	2
Admitted to General Hospitals	3	2	2	3
Action taken by Police	—	2	—	—
Totals	18	60	66	67

* This figure includes those cases where no action was taken, on relatives accepting full responsibility, where the Magistrate did not sign the Order, and those cases referred back to the General Practitioner for him to take further action, e.g., refer to Consultant Physician.

† These cases were either Senile Dementias, notified in the final stages of general physical degeneration, or persons under 65 years of age where psychotic manifestations were the end product of a severe organic condition.

It will be seen that the rate of admissions to mental hospitals as such, has remained fairly static over the years since the Mental Health Service was originally taken over by the local health authority. The number of referrals has increased by 150% over the figure of 1948. This may not be due to an increase in the number of persons suffering from mental illness, but may be due to the operation of two factors :—

1. More use being made of the Mental Health Service by doctors and social workers for advice in dealing with cases showing signs of mental aberration.
2. It is also a reflection of the acute shortage of general hospital and geriatric beds. It has been found that certain patients suffering from combined mental and physical disabilities have been referred to the Mental Health Service, when all other channels have been explored and a hospital bed could not be obtained, and where it is necessary that patient receive some form of care. This applies especially in the case of old people ; this is a sad reflection on the state of society today.

Prevention and After-care of Mental Illness

Mental Treatment.

At the 31st December, 201 persons were being actively supervised by the Mental Health Service. These fall into two distinct groups :—

1. Those who have been discharged from mental hospitals.
2. Those who are being supervised in co-operation with Psychiatric Clinics, or their own doctors, in an endeavour to keep the patient out of mental hospital.

Many varied problems are met with in this field and case work in the sphere of personal relationships has to be practised.

The scope for preventive work is expanding rapidly and the all-purpose post of the Duly Authorised Officer and the Mental Health Social Worker assists the development of this field.

For sometime now an experiment has been conducted in Amsterdam, where a consultant psychiatrist and psychiatric social workers are available for 24 hours a day to see mental patients, in an effort to obtain early treatment and to avoid hospitalisation, where possible. In Salford, as in other districts, the duly authorised officers work a 24-hour day call system, but in this City they are not only on duty to deal with cases requiring urgent admission to mental hospitals, they are available for the purpose of dealing with enquiries and giving advice on the community care of patients suffering from mental aberration. The result is that the duly authorised officer is often called out to advise on what shall be done with a patient who may be showing some signs of mental aberration ; in this type of case the duly authorised officer, with the concurrence of the patient's relatives and doctor, takes on the role of mental health social worker and endeavours to obtain some care and therapy for the patient, whilst keeping him in the community.

During 1953, which is the first year for which full figures are available, 76 of the cases which were notified to duly authorised officers for action were referred to other specialist agencies, *e.g.*, health visitors, civic welfare, general hospital, probation officers and psychiatric clinics. A further 46 were placed under the direct supervision of the Mental Health Service, and of this figure,

20 responded to supportive therapy by mental health social workers, in co-operation with their own general practitioners, and were able to take up their full-time employment and were stabilised. Another 16 are still being supervised but this group, too, is responding to supervision and supportive therapy. The remaining 10 of those supervised by the Service eventually had to go into mental hospitals.

The work in the prevention and after-care field may best be illustrated by the following cases :—

Female, age 25. Came to Salford from Eire looking for work as children's nurse, unable to send money home, became mentally ill with a severe anxiety state bordering on schizophrenia. She was admitted to mental hospital where she stayed a week. On discharge, accommodation and a job were found for her by the Service, but she still worried about her people in Eire and signs of another breakdown began to appear. The police in Eire were contacted, together with her relatives, and arrangements were made for her to be escorted home. This was the day before Christmas Eve. The National Assistance Board agreed to pay the fare of the girl and of her escort. Sailing tickets were needed in the Christmas rush and the Irish Steamship Company assisted by providing a cabin. Latest reports indicate that the girl is showing no further signs of breakdown and is happy in her job at home.

Female, age 45. Paranoic, after-care undertaken on discharge from mental hospital. The disablement resettlement officer was contacted and a new job found for the patient, and within a week of leaving hospital she was resettled at work. One year later patient still happy and showed no signs of recurring paranoid tendencies.

Male, age 54. Endogenous depression, notified at night for admission to mental hospital. Case discussed by social worker with General Practitioner, as a result patient referred to Out-patient Clinic. Simultaneously with out-patients' treatment, the patient attended the Therapeutic Social Club and a social worker dealt with the environmental problems—he had poor relationships with the rest of his family. Fresh employment was found through the disablement resettlement officer and the man is now regarded by his doctor as fully recovered.

Family Guidance.

The Psychiatric Social Worker attended sessions of the Family Guidance Service to deal with the socio-clinic aspects of those cases which fall within the true field of psychiatric social work. This has proved successful.

Social Workers' Advisory Service.

This Service continues satisfactorily. It exists to give advice on abnormal social behaviour and psychiatric facilities that are available to help in the process of social rehabilitation. When a case does not warrant referral to a Psychiatric Clinic, a Psychiatric Social Worker, or a Mental Health Social Worker, will, if requested, work in liaison with the referring Social Worker.

Therapeutic Social Club.

The Club continues to develop satisfactorily and meetings are held in Corporation premises. A full programme of events is arranged but members are free to pursue their own individual activities. Once a month dancing lessons are given by Mrs. Jones, who gives her services voluntarily. These lessons are proving a great success and do much towards helping patients who tend to be isolated to develop group attitudes.

The Coronation party was held, which His Worship the Mayor attended, and the annual Christmas party was held in December.

Dr. Wilde, Consultant Psychiatrist, continues to give his services in a voluntary capacity, and often interviews patients at the Club who will not attend hospitals. His help is greatly appreciated by all.

Mental Deficiency.

During the year the premises known as the Friends' Meeting House in Langworthy Road, Salford, 6, were finally adapted as an Occupation Centre, and the defectives and staff of the Oldfield Centre were transferred to these new premises. This Centre, known as the Seedley Centre, has a capacity of 36 defectives.

The Oldfield Centre opened again in October as a Male Adult Centre, catering for 25 male defectives over the age of 16. Mr. C. R. Ashley was appointed Supervisor, and Mr. A. Cook, Assistant Supervisor. This brings he number of Centres in the City to three.

Broughton and Seedley Centres cater for males and females up to 16 years, and females only beyond the age of 16. Each of these two Centres has three groups or classes, i.e., nursery, intermediate and senior girls. Boys on attaining their fifteenth birthday are transferred to the Male Adult Centre. Now, as a greater degree of classification is possible, better results are being obtained.

In the field of Statutory Supervision, the appointment of a Relief Duly Authorised Officer and Social Worker has meant that more intensive case work can be carried out, and also that more help and guidance can be given to those cases under voluntary supervision who require such help. Of the 242 cases under statutory supervision, 120 are in full-time economic employment, or suitably employed in their own homes. Another 84 are attending Occupation Centres.

It will be seen that during 1953, 36 new cases were notified to the Service. This is an increase over last year's figure, but is due mainly to 8 adult cases being referred from various sources, who had not previously been ascertained as defectives. With the exception of 20 cases, all the needs of defectives in Salford are being met. These 20 cases are those with multiple disabilities for whom no facilities are as yet available, but it is hoped in the near future to be able to provide some Centre facilities for them.

MENTAL DEFICIENCY

Mental Deficiency Statistics for 1953.

	Under 16		*Over 16*		
	M	*F*	*M*	*F*	*Total*
1. Defectives in Mental Deficiency Hospitals ...	8	10	179	141	338
,, under Statutory Supervision in Community	36	39	99	68	242
Defectives under Voluntary Supervision in Community	3	—	17	21	41
Defectives on Licence	—	—	6	15	21
TOTALS	47	49	301	245	642

2. New Notifications during 1953—					
(*a*) While at school	5	6	—	—	11
(*b*) On leaving Special Schools	—	—	4	1	5
(*c*) ,, ,, Ordinary ,, ...	3	2	—	—	5
(*d*) By police	—	—	1	—	1
(*e*) Other sources	1	—	3	3	7
(*f*) Cases reported but not confirmed at 31st December, 1953	1	—	1	2	4
(*g*) Cases reported but found "not subject to be dealt with"...	—	—	1	2	3
TOTALS	10	8	10	8	36

	Under 16		*Over 16*		
	M	*F*	*M*	*F*	*Total*
3. Number of Occupation Centre places available...	—	—	—	—	98
,, ,, defectives attending Centres	—	—	—	—	84
4. Waiting for beds in mental deficiency hospitals at 31st December, 1953	8	3	3	2	16
5. Admitted to mental deficiency hospitals in 1953...	—	—	—	—	10

SUMMARY.

Number of defectives in hospitals	338
,, ,, ,, ,, community under supervision	304
New cases notified in 1953	36
Admitted to mental deficiency hospitals	10

VACCINATION

During the year 1953 the total number of persons vaccinated (or re-vaccinated) in Salford was as follows, the total number being 1,015 more than were dealt with in 1952.

Age at date of vaccination in year.	*Under 1 year.*	*1 year.*	*2–4 years.*	*5–14 years.*	*15 years and over.*	*Total.*
Primary vaccinations	1,441	77	66	112	221	1,917
Re-vaccinations	3	8	14	92	923	1,040
TOTAL						2,957

The primary vaccinations under one year represented 48·6 per cent. of the total live births in Salford during 1953.

In previous years I have drawn attention to the paucity as compared with pre-1948 experience of vaccinations in this area, but last year's experience is more encouraging.

There is no doubt, however, that the improvement has been due to a very great extent to the effect produced upon the public by outbreaks of smallpox in other areas, and to this extent only they have been of value.

IMMUNISATION

A. Diphtheria Immunisation.

During the past year 2,859 children aged 0–15 years completed immunisation in Salford.

The following figures show the results of the year's work :—

	0–5 *years.*	5–15 *years.*	0–15 *years.*
Number immunised during year ended 31st December, 1953	2,747	112	2,859
Number immunised during year ended 31st December, 1952	2,490	134	2,624
Total immunised at 31st December, 1953	10,625	26,413	37,038
Total immunised at 31st December, 1952	11,606	25,901	37,507
Population figure, 1953	15,000	26,500	41,500
Percent immunised at 31st December, 1953	70·83%	99·67%	89·24%
Percent immunised at 31st December, 1952	73·92%	99·61%	89·94%
Percent increase	—	·06%	—
Percent decrease	3·09%	—	·7%

The children were immunised as follows :—

At Child Welfare Centres	1,538
By Health Visitors and Nurses of the Local Authority at their homes	882
By Nursing Staff at schools	112
By General Practitioners	327
TOTAL	2,859

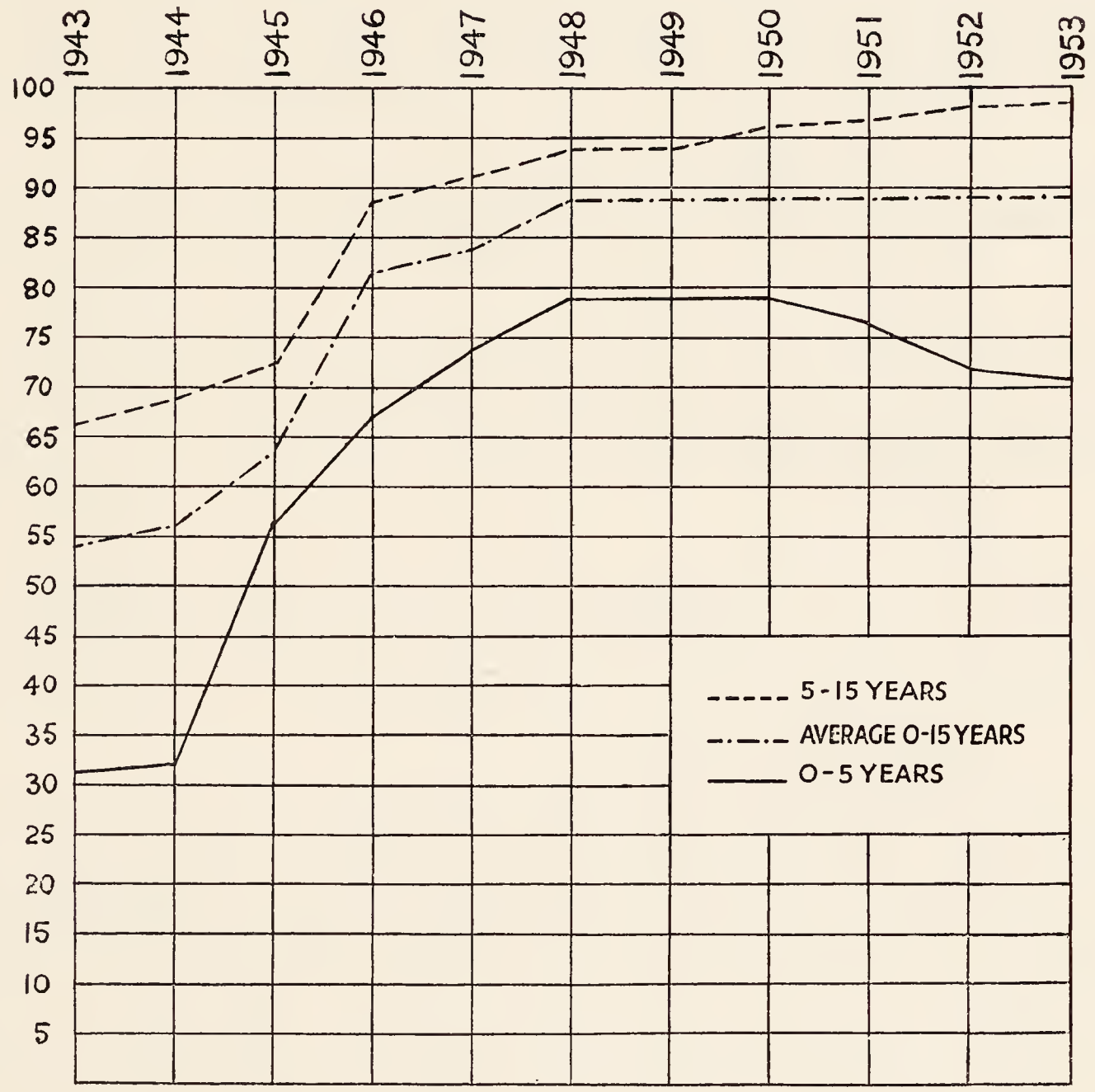
It will be seen that there was an increase of 235 in the total number of children immunised during the year ended 31st December, 1953, as compared with the previous year.

No case of diphtheria occurred in Salford during 1953.

The satisfactory results in Diphtheria Immunisation maintained during the past year is due in a large extent to the system of home visits carried out by the Nursing Staff. This system enables the mother to have her child immunised at home when circumstances make it impossible for her to attend the Child Welfare Centre. There are mothers who are so apathetic towards Diphtheria Immunisation that they would not attend a Child Welfare Clinic however many invitations were sent ; the value in these cases of home visits is immeasurable. The nurses explain to these mothers in a friendly manner the dangers of diphtheria, and that the only possible safeguard is by immunisation. Usually the mothers consent and immunisations are performed on the spot. It is only in a few isolated cases that the mothers persist in refusing immunisation, but these mothers are asked again after a period of six months.

During 1953, 2,663 safety injections were given, an increase of 53 over 1952.

The following is a graph relating to Diphtheria Immunisation in Salford during the past ten years.



B. **Whooping Cough Immunisation.**

At the completion of Diphtheria Immunisation, parents are advised to bring their children a month later for whooping cough injections. A total of 1,022 children were immunised against whooping cough during 1953. This figure shows an increase of 163 over 1952.

Of the 1953 figures of 1,022 children immunised, 225 of these were children immunised during the first few months of life by medical officers of the local authority.

Dr. Feldman, of the Department of Child Health, Manchester University, decided to discontinue his investigation on the value of Whooping Cough Immunisation on infants during the first few months of life, on the 20th June, 1953. The Public Health Department, however, decided to carry on with the immunisation of these children, and medical officers are now in attendance at special neonatal clinics which are held at nine of the ten child welfare centres in Salford.

AMBULANCE SERVICE

The Ambulance Service continued to operate effectively during the year 1953. The appended particulars apply to that year.

(1) Number of vehicles in use at 31st December, 1953—

Ambulances	10
Sitting case ambulances	2
,, ,, cars	3

(2) Total number of patients carried during the year—

By ambulance	50,462
,, car	5,231
TOTAL	55,693

(3) Total mileage during the year—

Ambulances	173,888
Sitting case cars	48,481
TOTAL	222,369

(4) Number of whole-time staff at 31st December, 1953—

Assistant ambulance officers	2
Drivers/attendants	41

The use of radio-telephony has again proved of immense value in the control of ambulances and cars. The reduction in mileage by the use of radio-telephony has been offset, however, to a certain extent through the despatch by the Regional Hospital Board of large numbers of patients to hospitals at a considerable distance from their places of residence. No doubt the Ministry of Health and Regional Hospital Board regard this distribution of patients to hospitals distant from their places of residence as being well worth while in the interest of the patients concerned, and one should not permit enthusiasm on behalf of financial economies to outway the overriding importance of securing the best treatment.

The following is an analysis of patients carried during 1953 as compared with the year 1952.

	1953.	1952.
Spastic	4,857	4,552
Midwifery	2,147	2,242
House Conveyance	40,598	39,994
Inter-Hospital	1,977	3,354
Maternity	1,696	1,829
Gas and air	472	391
Mental	350	261
Infections	756	719
Emergency	2,616	2,494
Rechargeable to other areas	224	30
TOTALS	55,693	55,866

NEW CLAIMS TO SICKNESS BENEFIT

(Ministry of National Insurance) 1953

For the second successive year I am able to present a picture representing the " New Claims to Sickness Benefit " made by residents of Salford, and I am grateful to the local officers of the Ministry of National Insurance for their co-operation in this matter.

A comparison with a similar chart in my last annual report (1952, p. 95) shows a very close resemblance between the two. The rise and fall corresponds so very definitely at certain periods.

There is the same marked rise early in the year, but much more remarkable this year because of an increase of 1,206 in five weeks—from 506 at 30th December, 1952, to 1,774 at 3rd February, 1953. This high figure was reached at the peak of the influenza outbreak, although they were not all influenza cases.

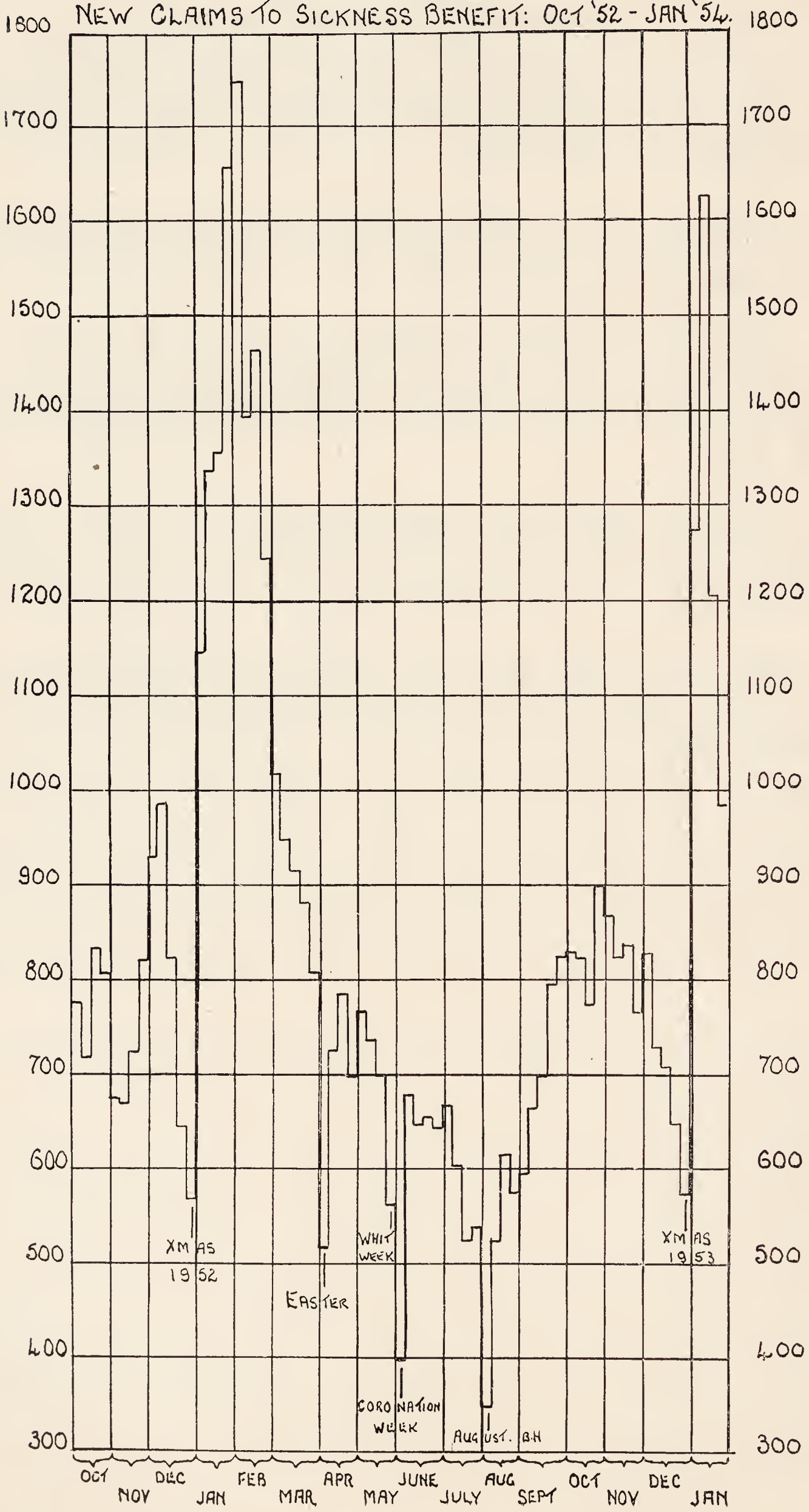
The public holiday periods show the expected " low-levels " in sickness claims, a feature which is not confined to Salford but seems to represent a widespread desire for a full pay packet for the holidays. Quite a natural desire but noteworthy.

Again I have included figures for the early weeks of the new year, to show that the increase in new claims after Christmas has followed the expected course with a sudden increase from 574 at 29th December, 1953, to 1,624 two weeks later.

MINISTRY OF NATIONAL INSURANCE (SALFORD LOCAL OFFICE)

WEEKLY FIGURES OF

NEW CLAIMS TO SICKNESS BENEFIT: OCT '52 - JAN '54.



CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

Designated Officer's Report

Regular case conferences have been held since June, 1951. During 1953 the conferences met on 21 occasions and the following is an analysis of attendance by representatives :—

	Number of individual officers.	*Number of attendances made.*
N.S.P.C.C.	6	26
Probation Department Officers	3	8
Local Education Authority	2	16
Family Service Unit	7	11
Housing Department	3	19
Children Department	5	18
Hospital Almoners	5	10
Civic Welfare	5	17
National Assistance Board	1	2
Specialist Health Visitor	1	21
District Health Visitors	15	24
Mental Health Department	4	16
Manchester and Salford Council for Social Service	2	20
District Provident Society	2	2
Home Office	1	1

In addition to the above, attendances of students and representatives of other interested organisations have averaged two per conference.

The average attendance at the conferences was 11.

A total of 83 families were discussed during the year. Of these, 33 were " new " cases (i.e., they were being discussed by the case conference for the first time, though they had been well known to many of the workers sometimes for years).

Fifty families were reviewed on a total of 64 occasions.

Each conference lasts just over two hours, and it is found that four or five families only can be dealt with on each occasion.

Forty families were added to the register in 1953 and 43 were removed from the register. These fall into the following categories :—

Improved or problem solved	12
Stabilised	7
Children in care, following prosecution, or eviction, or absconding, or separation of parents	9
Removed address known	8
„ „ unknown	4
Potentially neglectful only	3

A description of the conference procedure will be found in the Medical Officer of Health's report for 1952. Improvements in this have been made from time to time in order to economise on staff time and make the best use of the time devoted to the conference. The most useful change during the year 1953 has been the preparation of foundation reports which are compiled before the meeting from contributions sent in by any officer concerned with a family under discussion.

One conference was devoted entirely to a list of cases referred by the Housing Officer as being in arrears with rent. The names and addresses had been circulated to members within the previous ten days. It was noteworthy that at the time the conference took place, various officers and workers who knew the families had persuaded many of them to make some effort at reducing the arrears and in some cases the arrears had been paid in full. It is hoped that from time to time further conferences will be devoted to this subject and that evictions will be thereby averted.

SCHOOL HEALTH SERVICE ANNUAL REPORT

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

"*Ultimately, children are the only real wealth of a nation.*"

Any comprehensive health service for the nation must include the care of the health of the school child as an important feature. Equally true is the fact that the educational care of the child must include the contribution which all the health services can give. Both the public health and the school health services can do much to help the parent in the duty (and privilege) of bringing up the child in the ways of health.

In these pages are described some of the ways in which the health of the Salford school child is looked after, but I am very conscious that important influences which bear on a child's life and health operate *outside* of the school. A happy family life, warm affection and the degree of emotional security for the child, the neighbourhood in which the child lives, the social and psychological background of the child's life—all these factors make or mar health. It is wise, therefore, to co-ordinate and indeed, if possible, to unify the services which are available for the school child. The same staff who visit the home, who care for the mother and child, the teenager, the adult and aged, should look after the school child, for the school child is only a part of the family—and that which serves the best interests of the family will serve the interests of the school child.

Our first task is to *promote the health* of the school child. Already the teacher and the physical education organiser do much in this. One of the greatest ways in which we can help is by the provision of wide *health education.* There is still far too little knowledge of the principles of a healthy way of life. Both the teaching and the school health staff desire to help in spreading the knowledge of health not merely by "talk and chalk" but by encouragement of the practice of health, by showing the child the ideals of health, by visits to places of public health interest with public health workers, and by demonstration of how the health of the community is cared for.

Our job is to help the parent in providing good home conditions as well as in seeing that the child has adequate care from a medical standpoint. In this task we shall work ever more closely with the family doctor. We do not want to take away the sense of responsibility of parents for their children. The whole school health staff exists to serve as advisers in health to the family, and the services we provide are a help but not a substitute for the care which parents must give their own children. The school health service should seek to deepen the sense of responsibility, encourage parents in the better care of their children, bringing to their notice any deviations from normal health in order to prevent disease and to promote health by teaching a right way of life.

Children with defective hearing and defective vision should be ascertained with ever greater accuracy. Handicapped children must be catered for, if possible, in their own home. The huge and ever present problem of educational

retardation and social and psychological adjustment to life will be a great challenge now and in years to come. Indeed, any handicap which prevents children from taking full part in school and life will need constant vigilance and resource in meeting special needs.

THE SCHOOL ENTRANT.

The health of the school entrant is still not as satisfactory as it should be. The nutritional state of these five-year-olds is not as good as it was five years ago when the child seemed to be able to secure a greater share of nutrients from the then rationed foods. Nowadays the emphasis seems to be on sweets and lollipops. I am also struck with the high incidence of infections in the first two years of school life. This is a vital age in which we should help more, partly by offering the child through school meals all the nutriments which its body needs to grow and to ward off the infections it unavoidably comes into contact with. I would plead that, in particular during these two most important years, the welfare orange juice which has helped so many "under-fives" to health should be supplied through our school canteens. When a child is brought from the small world of its own home into the school community many infections are exchanged, and I am sorry to see the damage caused not only to the health but also to the school time of the child. The bloom of health, characteristic of many of our toddlers, fades. It is surely necessary, particularly in an industrial community such as ours, to provide some supplements during the first years of school life ?

PREVENTION OF DISEASE.

A second way in which we can help the child is by *preventing disease* by placing greater emphasis on the immunisation procedures which are now providing us with more weapons against disease. To this end increasing opportunities are afforded to the medical staff in studying infections and endeavouring to trace their source and, above all, by breaking the links in the spread of infection. An example of this is described in the survey on impetigo. Here, with the splendid help which the Public Health Laboratory Service was able to render, some new facts were brought out in this disease as it occurred in Salford families.

More and more the time of medical officers is being taken up with health problems, such as the prevention of tuberculosis, of dysentery and of many infections which cry out for prevention, investigation and control—a number of respiratory intestinal and skin infections and the practice of food hygiene in our school meals service—all need constant supervision. The doctor as a teacher of health will be needed more and more in our classrooms as well as our clinics, in order to assist the teacher in the teaching of health.

At the end of 1953 99·67% of the children in the 5-15 year age group had been immunised against diphtheria. Over 2,588 "safety" injections were given last year to school entrants, a figure which approaches our average number of births. We hope to record next year complete cover of our school children by "safety" injections.

Our methods of ascertainment of disease have been improved in several ways ; one is the recent X-ray survey of almost every school child in Salford. Over 29,000 children, 700 teachers and 200 members of other school staffs were X-rayed. Such excellent response was due, in the main, to the whole-hearted co-operation, assistance and advice of the head teachers and the teaching staffs of the schools.

The Rheumatic Child.

Thanks to the notification of certain rheumatic conditions in children we are now beginning to realise, by follow-up methods, something of the cost in health and life of this disease. Here again, although eminent consultants have stated that prevention is meaningless, much can be done. The fact that studies the world over indicate a higher incidence in the disease in the lower social and economic groups, points to preventable factors. Public health workers are experienced in the prevention of secondary infection which may damage the health of the child. We are also accustomed to the control of streptococcal disease of which rheumatic fever appears to be a manifestation. Something can be done by the school health staff in supervising the provision of school milk and school meals of high-protective quality. Watch can be kept on those children where standards of care and clothing are not good. To take one example, provision of good footwear giving adequate prevention against wet feet can be made. The parent can receive guidance on the proper psychological handling of these children. Rheumatic school-leavers may be protected from entering unsuitable employment. The public health almoner can help in suitable cases in problems of convalescence or can give assistance in a variety of medico-social problems. A searching yet kindly eye can be kept on the child's general health by the school medical officer and health visitor. Any additional defects such as dental caries can receive appropriate treatment.

Death and Disease in Childhood.

As in previous years it is of interest to know the *causes of death in children of school age*. There were eighteen deaths among our school children during the year ; four due to accidents—two on the roads, one as a result of burns and one by drowning. There were four deaths from congenital defects :—

1 Myocardial failure and congenital stenosis.
1 Asthma and congenital stenosis.
1 Mental defect, cardiac failure, congenital debility.
1 Hydrocephalus.

A new and unwelcome feature is the increase in deaths from neoplasm or malignant disease :—

1 Brain tumour.
1 Acute leukæmia.
1 Hodgkins disease.

With the virtual prevention of deaths from infectious disease in children of school age, deaths from cancer are becoming more prominent in our tables. The other deaths cannot be conveniently grouped together and are as follows :—

1 Cerebral hæmorrhage.
1 Pneumonia.
1 Pneumonia and chronic nephritis.
1 Grandmal and cardiac arrest.
1 Rheumatic fever and mitral stenosis.
1 Hepatic necrosis and encephalitis.
1 Acute hepatic failure.

The deaths from violence form a grim challenge which is being met only partially by our campaigns to reduce accidents on the road and in the home. The prevention of deaths from cancer requires investigation well outside of

the school health service, but one fact is abundantly clear, that there must be the fullest co-operation between all branches of the health, hospital and specialist services to deal with this unhappy problem.

The causes of death in children does not reflect clearly the amount of disease and disorder in childhood. They do not provide a good guide to us in improving the health of the child. For example we have had forty cases of rheumatic fever (or one of its manifestations) notified to us. Yet there was only one death from the disease last year.

Infectious Diseases.

Measles (265 cases), scarlet fever (174) and whooping cough (103), were the most common of the *notifiable infectious diseases* which affected our children during 1953. There did not appear to be any correlation between the incidence of scarlet fever cases, and cases of impetigo, as might have been expected.

Care of the Neglected Child.

Special attention must be given to the *neglected child* and you will read in this report an account of our case conference method of dealing with the neglected child of school age. Representatives of statutory and voluntary bodies who are interested in and have valuable contributions to make towards the welfare of the children under discussion are invited to take part in the case conferences. Discussions between members of the school welfare, school health, mental health and health departments, children office, probation officer's department, housing department, civic welfare, Council of Social Service, Family Service Units, N.S.P.C.C., District Provident Society, W.V.S., often bring into the open unknown facts about the family and certainly ensure good co-ordination of the services available to help the neglected child.

The Handicapped Child.

I am disturbed about the problem of the *educationally subnormal child.* As elsewhere in the country they form about 10% of the school population—by far the greatest proportion of our handicapped children. We are, however, only on the fringe of the complete ascertainment of these children. Our ascertainment incidence is still far below the national estimate. The provision of special classes and teachers for these children, as you will recognise, is perhaps our most pressing need in Salford.

During 1953, 306 examinations, more than in any other previous year, were conducted. It is still disappointing to record a lack of co-operation on the part of some of the parents. In spite of the introduction of the registered letter invitation system, the response in attendance has risen by only 4%, and there still remains 40% of parents who ignore invitations to attend for examination. A ray of hope for the future, however, has recently appeared in that requests are received for examination of their children by young parents, who themselves have had special educational treatment for educational subnormality during their school career, and appreciate the benefit they have received. In addition, requests have been received for placement in senior day E.S.N. special schools from parents of children who have had the opportunity of education in a day E.S.N. special school for juniors.

Another of our real needs is for a *school for the physically handicapped child.* At present the special class at Cleveland House has done excellent

work, but for these, other spastics, rheumatic children, delicate children, and many others suffering from crippling conditions, special accommodation is required. Some of these physically handicapped children are sent at present to the open-air schools, but a number of them are not suited for this type of school. Many of these children have had a raw deal from life in the past. Their absence in hospital over long periods of years has perhaps led to separation from their families, not only in the physical but psychological sense.

Wonderful work has been done by the physiotherapy staff at the Claremont Open-Air School and elsewhere in caring for those children who need exercises after severe and long operations. I would point out that owing to the atmospheric, epidemiological and social disorders in Salford, more of our children suffer from chronic chest trouble than do children in more fortunate areas in the country. Both before and after operation many of these children require a prolonged and specialised form of physiotherapy.

At present we have 48 children on the *epileptic register* all of whom are seen regularly by the school medical officers and Dr. J. S. Parkinson, consultant neurologist.

Careful supervision is made of those children who undertake forms of *part-time employment*. During the year, 485 children were examined to conform their fitness for such employment. The majority of these children (450) intended to deliver newspapers, but some wished to become errand boys or girls in the grocery, greengrocery, butchering, ironmongery and milk trades, and seven had parts in Christmas pantomimes. These children are re-examined at six-monthly intervals so that a check may be kept on their health.

The *enuresis clinic* continued to function during the year. There were forty-one discharges compared with twenty-two in the previous year.

Mobile Minor Ailments Clinic.

A new and successful venture during the year was the establishment of the *mobile minor ailments clinic*. By means of the mobile vehicle more children can be treated with less loss of school time, and less inconvenience to teachers and parents. The danger from street accidents is minimised, and the difficulty of having to arrange for young children to be escorted to the static clinics is removed. Above all, the services of trained nursing personnel can be utilised more completely.

Special mention must be made of the help which the consultant and hospital services give, for instance, in the ascertainment of certain handicapped children and in the reports which they regularly furnish. The family doctor, too, is increasingly brought into the picture ; we provide him with full information. In these and other ways one of the prime functions of the school health service can be carried out, the detection at an early moment of departures from normal health.

Grateful appreciation is accorded to all members of the medical, nursing and administrative staffs for their splendid efforts throughout the year in promoting and maintaining the health of the school child.

This report, as in previous years, is the work of many hands, and I am particularly indebted to the following for their help in its compilation :—

Dr. D. E. Jeremiah.	Miss B. M. Langton.
Dr. R. I. Mackay.	Miss G. M. Gordon.
Mrs. F. Cavanagh.	Miss Margt. R. Potts.
Mr. D. D. Cranna.	Miss P. K. Fogg.
Dr. J. Scully.	Miss B. Chadwick.
Dr. J. S. Parkinson.	Miss J. Maher.
Dr. A. Model.	Miss C. Worsley.
Mr. Franklin Charlesworth.	Mr. F. E. Birtwistle.
Mr. W. C. Parr.	Mrs. V. Bramble.

I am particularly grateful for the support and encouragement which has been given by you Mr. Chairman, Ladies and Gentlemen, and for the ready co-operation of Mr. F. A. J. Rivett, Director of Education, and the teaching and administrative staffs of his department.

I would also like to give warm thanks for the assistance of all who help us, including central and regional medical staff of the Ministry of Education, and many voluntary agencies whose work does not fall directly within the scope of the school health service, but whose aim is the same as ours—the promotion and preservation of the "whole" health of our children.

I have the honour to be,

Your obedient servant,

J. L. Burn

Principal School Medical Officer.

School Nursing.

The problem of school health is a difficult one. The curative, preventive, social and educational aspects involved require that the organisation of the service, and the policy behind it, frequently should be reviewed—not only that good methods may be extended, the not so good improved and the bad discarded—equally important is the maintenance of an appropriate balance between the aspects concerned.

Clinic Work.

Curative work, of course, must be done. Any neglect of this section of school health is soon apparent.

This year the first *mobile minor ailments clinic* came into operation and has proved its value beyond expectation. It has been used to full capacity since the first month, some thirteen schools being visited each day, involving the average daily treatment of over 200 children.

The teaching staff at the schools concerned (with one exception) expressed complete satisfaction with the new arrangements, there being the minimum disruption of lessons, and a great saving of time, as well as an improvement in the health of the children.

Two minor ailments clinics held on school premises were discontinued when the mobile clinic came into use.

Nursing staff have also assisted in all types of clinics held during the year.

Domiciliary Work.

Home visiting has been carried out where appropriate, the total visits being approximately the same in number as for 1952—2,080 plus 245 " no access " visits, against 2,094 plus 204 " no access " visits the previous year. The visits were concerned with medical follow-up after treatment at a clinic or hospital, cleanliness and unsatisfactory conditions generally, absenteeism from various clinics, reports on home conditions.

School Work.

As in former years, hygiene inspections, surveys, vision and other tests have been carried out by nursing staff.

(a) *Infectious Diseases.*

A total of 49 schools were visited (some of them several times) with regard to outbreaks of infectious disease, and 8,514 children were examined. This comparatively great increase (21 schools only were similarly involved in 1952) was mainly due to the outbreak of impetigo, described elsewhere.

(b) *Personal Hygiene.*

The general standard of hygiene was fairly good, a small percentage only of the school population defying all efforts to make any permanent improve-

ment in their condition. The position, however, gives no cause for complacency. Details of head infestation are given below :—

	1953	1952
Examinations made	78,233	71,567
Children infested :		
(*a*) Primary and secondary schools ...	4,337 (15·3%)	4,807 (17%)
(*b*) Nursery schools	— (18%)	— (29%)
Children regularly referred each term for cleansing	18	25

Of the children infested 50% were found to be in this condition on one occasion only. The degree of infestation, too, was light. The percentage of children infested three times or over was comparatively small, some 3%.

Clothing on the whole was fairly satisfactory, although footwear still constitutes a problem in many cases. Unlike other articles of clothing, footwear cannot be made to last longer by the exercising of good housewifery and mothercraft. A good mother may get two or three years' wear out of her child's dresses or underwear (where an indifferent housewife may get only one) by careful washing and renovation. There are no hem-lines to let down, however, in footwear and all the care in the world will not prevent a child out-growing his shoes. The prohibitive cost of good shoes for children is an important factor operating against foot-health which merits national top-level attention.

(c) *Annual Health Surveys.*

A greater number of children were seen during health surveys than was possible the previous year—15,787 against 11,706 in 1952. Of these, 1,164 children were referred for further investigation as follows :—

Dental examination	294
Chiropody	63
Medical investigation	807 (involving 1,079 defects).

The detection of medical defects is only one, and not the main purpose of these surveys. Although diagnostic and curative aspects of the work are, of course, important, social and other factors involved are of equal, if not greater, value and it is the development of these factors which will, in the long run, show the greatest returns.

(d) *Teaching in Schools.*

Progress, apart from individual talks to children, has been very slow. A few odd lessons have been given from time to time in various schools. The mothers' group of the infants' department in one school was visited on several occasions and talks were given which were illustrated, where appropriate, by a film strip.

The specialist health visitor for the care of the child neglected in his own home was the sole member of the staff to take a regular weekly teaching period in school. Personal health was the theme for the first half of the year, with particular stress on preventing disease and disablement. The girls concerned, aged 13 to 15 years, had a strong and rather morbid curiosity about sickness, especially tuberculosis. As a teacher must be an opportunist and use her pupils' spontaneous interest, talks were based on this.

Lessons were given along the following lines :—

1. What is starvation ?
2. Proper nourishment.
3. What is fatigue ?
4. Sleep—why ?—and for how long ?
5. Fresh air for healthy lungs.
6. Fitness through healthy exercise.
7. Good posture—does it matter ?
8. Dirt means danger—why ?
9. Our enemy—the microbe.
10. Infection need not happen.

All these subjects were fitted into the framework of the prevention of illness in general and tuberculosis in particular.

As far as interest and comprehension allowed simple teaching was given concerning physical processes such as breathing, the circulation of the blood, digestion of food.

In answering questions about diseases of which the children had heard, the health visitor was struck by the fanciful superstitions which had often taken root in young minds. One of them was the belief that threadworms are caused by eating sugar, which was held by at least six pupils. When the real cause of threadworms and the mode of transmission was explained to them, " they were both amazed and relieved." Such experiences show how fruitful a field awaits the teaching health visitor in our schools.

The second half of the year was taken up by parentcraft and included both theoretical and practical teaching. Emphasis was laid on the baby as a source of pleasure and happiness, rather than a burden of duty.

Apart from practical instruction on the preparation of a layette, bathing, feeding, clothing, making of the cot, stress was laid on *the right attitude* and on *the home environment*. For instance the girls themselves, with little guidance, came to the conclusion that only the well-loved, well-cared for baby in a happy family and an orderly household can bring the maximum pleasure and happiness to the mother. In the end all of them agreed that a little child is worth a great deal of sacrifice both in money and leisure.

Further teaching was given on the care and playtime of toddlers and on the prevention of accidents in the home. Every girl made a scrapbook with many illustrations which she will be allowed to take home on leaving school.

Special attention was paid during these lessons, and at all times, to the *schoolchild neglected in his own home.*

Throughout childhood personal habits and standards are determined by the customs of the home and by the earlier experiences which become fixed. This is not a time in which it is easy to help those children that lack a happy home life. The attempt to exert a direct influence that is opposed to home influences is likely to fail, and if successful may disturb the child's equilibrium. The girl and boy in their teens, however, are prone to adopt a critical attitude towards their parents and to look outwards for their standards of personal care and conduct. The adolescent girl is especially sensitive to the good opinion of others, be they school friends, teachers, or the school health visitor. This newly awakened responsiveness to outside influences may be for better or worse. It becomes of the utmost importance to those children who have been neglected by their own parents, although they are often the least responsive. Adolescence often presents the last chance to raise the child's standards above

that of the parents and to establish new habits. To miss that opportunity is to lose it forever, for at the close of this susceptible phase stands the young adult with settled habits, often incapable of change.

Without good health habits, which includes cleanliness and personal grooming, our girls and boys cannot grow into healthy, self-respecting men and women. Children who have had the necessary training at home only need to enlarge their understanding of cause and effect, and once interest is aroused they make a most valuable contribution in class. The danger lies in the natural censoriousness of the adolescent, and the great sensitivity of deprived children. It is here that the health visitor's understanding of home difficulties and bad neighbourhood influences is of the greatest value. If she loses sight of the economic facts of their lives, or disregards bad housing conditions she may lose the pupils' confidence for all time.

In discussing the care of babies, ideals were never set ready made before them but were worked out by the health visitor and the children in co-operation. The emphasis was forward-looking : " What I shall do with my children ? " not " What was done to me ? " In bathing and dressing a baby doll many of these girls who have had to carry much of their mother's responsibilities have a distinct advantage over their more carefree fellow-pupils, showing a deftness that comes from practice.

The harvest of these efforts is uncertain. In a class of 35 senior girls we may find five who have received little care and training in their own homes. We dare not single them out. Instead we try to teach them with and through the other thirty. If only one of the five neglected children acquires an insight into, and finds an incentive to work for better things, the health visitor has not laboured in vain.

The health visitor was very pleased to meet two of Her Majesty's Inspectors of Schools who showed great interest in the health education project and gave much valuable advice. The full support of the teachers was enjoyed throughout the year. Indeed, without it the venture could not have been attempted.

Hygiene Attendants.

Hygiene attendants have continued to assist health visitors and clinic nurses in clinics and schools, and made a valuable contribution to the work of the section. Their work is summarised as follows :—

Sessions spent in all types of school clinics	2,373
Number of children disinfested at clinics	262
,, ,, adults ,, ,, ,, ...	11
Home visits (Eye Clinic)	106
Sessions assisting health visitors in schools...	148
,, disinfesting children in schools	5
Number of children disinfested in schools	30
Miscellaneous sessions	140

School Health Nursing in Future.

There is a need for some reorientation regarding the work of the school health visitor and her place in school life. The old, traditional idea of the nurse as one mainly concerned with the detection of verminous heads and with dirty, ill-clad children dies hard. One factor which helps to retain these attitudes in both nurse and teacher, is the organisation of the work. The

school health visitor generally descends upon the school as early in the term as possible, conducts a survey or inspection of the whole school, returns a few days later to conduct a reinspection, and is thereafter in some cases not seen again until the following term. She may, on the other hand, call in from time to time after the initial survey is completed, much depending upon the attitude of the teachers to more frequent visits.

This is not enough ! The school health visitor should be regarded as one of the school staff (albeit a visiting member). If she could arrange with the head teacher to attend one regular half-day session each week and spread her surveys, inspections and reinspections over the whole term, her supervision of the children would be more evenly distributed and the teaching staff would know that she could always be contacted in school on a certain day each week. There would, it is hoped, be less tendency on the part of certain mothers and children to relax their efforts regarding the problem of verminous infestation as is often the case at present when it is thought that the school health visitor has " finished " her " inspection."

Lastly and not least, the health visitor in collaboration with the teacher may be able to arrange health talks to small groups of children each week. It is hoped to begin work on these lines in certain schools for an experimental period early in 1954.

The Ear, Nose and Throat Clinic.

Dr. Florence Cavanagh reports :—

There have been changes in the staffing of the ear, nose and throat clinic this year. Dr. Woodcock, aural registrar, came to help in September, 1952, but left, unfortunately for us, at the end of August, 1953, to take up another post in Chester. During the year of her appointment she saw 1,836 children. At present we have no assistant in the aural clinic. This means that fewer children are being seen and our waiting list for consultations is again growing. This is unsatisfactory because the chance to treat a patient at the very beginning of his period of illness, in order to ensure a quick recovery, is what all doctors want.

The aural surgeon has seen 1,131 patients in the year and many of these have been referred directly with a letter from the family doctor. This closer liaison with doctors in general practice is of great value to the child.

While Dr. Woodcock was working with us extra *tonsils and adenoids operations* were possible at Hope Hospital, and the waiting list for such cases was virtually abolished. It then became possible to admit a child for operation within a week or two of deciding on the necessity for surgical treatment. This was of great satisfaction to the parents and the surgeon and there is no doubt that these children have been spared much ill-health. It is a pity that the waiting list will now begin to lengthen again until we can secure the services of another aural registrar.

The *pre-tonsillectomy clinic*, which is a joint affair run by the ear, nose and throat surgeon and a pædiatrician, has also had a change of staff. Dr. Macauley, of the Department of Child Health, Manchester University, continued his work until January, 1953, when he resigned from the Salford clinic. We have, however, been fortunate in obtaining the services of Dr. Margaret Griffiths. From February to December, 1953, 432 children have been examined by Dr. Griffiths. Several of these patients have had many further investigations.

There have been no dramatic changes in the care of ear, nose and throat cases in the last year, but a different attitude to partially deaf children is developing. Previously these children were admitted to Schools for the Deaf or Schools for the Partially Deaf, necessitating residence at the school. We are fortunate in Salford in having our own class for partially deaf children at Regent Road School. This provision enables the child so handicapped to receive appropriate special educational treatment while living at home. One of our aims is, of course, to equip the handicapped child to live as normal a life as possible.

Since the initiation of the National Health Service and the development of a Government-sponsored hearing aid many more aids have been available for children with defective hearing. Nowadays hearing aids are issued to quite small children—even to babies—and this measure, coupled with auditory training, allows many of these handicapped children to be educated in an ordinary school.

Eye Clinic.

Children are referred to the Eye Clinic from clinic and school examinations by school medical officers and health visitors. In addition, children may also be referred directly from schools by head teachers, and even as a result of observations made by the parents themselves. Appointments are also given for children attending grammar and secondary modern schools as a result of 'phone calls made from these schools by the school clerks. Following the receipt of requests for invitation from their various sources, a waiting list is compiled and cases are sent for in order of referral. The waiting list runs on an average for about three weeks and rarely extends longer. Emergency cases involving injuries, inflamed eyes, etc., are sent direct from schools and treatment is given the same day.

Each morning ten new cases are invited to attend by the nurse in charge of the clinic. A test of visual acuity is given and a short history of the patient's complaints taken from the parent, or from the child in the absence of the parent. The patient or the parent is then given a bottle of mydriatic drops and invited to attend again for examination by the oculist and a dark room test. Following this examination the parent is told of the state of the child's eyes and whether glasses are necessary. A date for a final test is then given, and in the case of children who cannot read instructions are given in the use of the Illiterate E Test. At the final examination glasses are prescribed if necessary and in the case of children with squint the mother is advised of the importance of continued supervision of the child while wearing glasses, and the constant review of his vision. This entails referring the child for orthoptic exercises, in two or three months.

Myopic children are examined at six-monthly or twelve-monthly intervals, depending on the degree of short sight, and the child is instructed to return to the clinic if there should be any breakage of glasses.

Long-sighted children are asked to attend for an examination, with drops, at intervals of twelve to eighteen months. Frequency of examination is not so desirable as in the case of children with short sight.

Children suffering from *squint* are referred, as previously mentioned, to the orthoptist, who supervises the visual acuity of the younger children of illiterate age and over. When the vision in each eye is comparable they are

given the benefit of orthoptic exercises with a view to curing the squint. During this process of supervision and orthoptic exercises, it is frequently necessary to re-test the child and referral is made to the oculist for examination under a mydriatic. He prescribes any change of glasses found necessary.

Following the orthoptist's supervision and treatment, cases which have achieved a good degree of binocular vision are referred to the out-patient department, Hope Hospital, for surgical treatment if the angle of squint is of such a degree as to require it. The usual stay in hospital is ten days, after which the child is referred to the clinic for post-operative orthoptic exercises and further supervision.

From the foregoing it will be perceived that a great deal of filing of case cards, day book attendances, and other administrative work is necessary. This work devolves upon the hygiene attendant who is also much occupied in filling in the repair forms for children whose glasses have been broken. Children attending with broken glasses may come at any time in the morning or afternoon. Reference is made to the file to discover the date of the last test, and if this is of comparatively recent date the glasses are sent for repair. If the child's vision needs re-testing he is invited to the clinic for this purpose, or if necessary, a vision test is carried out immediately.

A not inconsiderable portion of the hygiene attendant's time is spent in *home-visiting* children who have failed to complete any part of their eye-test or have defaulted repeatedly from the orthoptic department.

Treatment of superficial eye diseases is prescribed by the oculist and carried out at the clinic. Drops and ointment are prepared by the hygiene attendant under the supervision of the nurse.

Once children with squint have been referred to the orthoptist their further supervision at monthly or three-monthly intervals, their selection for orthoptic treatment, their continued occlusion, etc., rests with the orthoptist who keeps her own records of cases referred. In sum, the work in this department is entirely in the hands of the orthoptist. After periods of supervision and training, arranged by her, the children are referred to the oculist for his advice and opinion.

Partially Sighted Children. Children placed in this category are those having a congenital defect with a visual acuity of no better than 6/24 or 6/36 when the condition is not amenable to treatment, and also those cases of myopia of high degree, 6 dioptres, in the early years of childhood. These children are encouraged to attend the partially sighted class which is domiciled in the open-air school at Claremont. They are collected by corporation 'bus at the nearest point to their homes and are returned by the same method at the end of the day. They have their mid-day meal at school and a light tea before departing for home. No emphasis is laid on their visual defect but every encouragement is given to measure up to the normal curriculum for children of the same age. They are encouraged in the use of hand and eye, and handwork finds a notable place in class activities.

When the eye condition becomes static, i.e., when there is no further deterioration in the power of sight, the child is encouraged to return to ordinary school for the later years of school life, providing he has sufficient vision to be able to take advantage of such teaching.

THE VALUE OF CO-OPERATION.

A young girl of nearly seventeen years, a pupil at a high school, came to see us and to ask our advice on the sort of occupation she should consider on leaving school, when her examinations were completed. She was an attractive girl of good speech and address, and wished to know whether her eyes would enable her to undertake a lengthy course at the end of the school year. It was with some surprise that one learned that she had been a patient of ours over a period of several years during her childhood. On looking up her records one saw with some astonishment and great pleasure that this personable, adolescent girl had come to us at the age of four with a disfiguring squint but, due to her parents' and our own assiduity in encouraging her through the various stages in the treatment of her disfigurement, she had regained the lost vision in the squinting eye ; she had had exercises which lessened the angle of the squint and finally she had undergone an operation which had completed the treatment, leaving her with a "straight" eye and equal vision in both.

One could not help reflecting on what would have been the position of this—in every other respect—fine and upstanding young girl if she still had her squint, with the limitations as to career and the self-consciousness and nervousness in regard to her appearance which the blemish would have provoked in her. One saw in this single instance (which has been repeated many times over many years) the meaning and the ethic of the attempt to relieve human disfigurement, suffering or blemish, be it mental or physical—and most are a combination of both. The treatment of any human ill demands that the facilities shall be made conveniently available and secondly, and equally importantly, that the necessary co-operation of the patient shall be forthcoming.

The young lady described above had followed, over a period of several years, all that had been required of her in attendance for treatment and supervision, and how richly rewarding the effort had been ! One has been able to note over a period of years the slow but steadily increasing stream of co-operation from parents when the "worth whileness" of the efforts towards "good" eyes for their children has been expressed. Even the indifferent parent and the "hard case" have responded, either immediately or some time later, when a more despondent attitude on our part suggested that a relaxation of our effort might be more sensible. If philosophically one allows for human frailty in failing to respond the effort is made again and again by written invitation and home visit to the school to see the teacher and the child when the parent remains without response. The meaning of the public health concept has perhaps no better example than in the care of the sight of our school children.

School Dental Service.

The past year has been a fortunate one in that, for the first time for a number of years the staff position has been stable and we have been able to maintain a full-time service at all our clinics. The most obvious result of this is shown by the increase in the numbers of children who have been dentally inspected in school as a routine measure. At the present rate of inspection and treatment it is anticipated that all children will be seen approximately once in every two years.

Large numbers of children continue to require attention for toothache and this is a feature which must inevitably be a prominent one for some time to come.

The increased number of fillings which have been inserted is a gratifying factor of the year's work, and in this respect we welcome a more co-operative response from parents. It is felt that to the public in general the question of whether or not a tooth should be filled is too much a clear-cut issue concerning the present state of the tooth, and the broader aspect of the result of the decision upon the development of a sound dentition in future years is not appreciated as it should be.

An increase is shown in the number of permanent teeth which have been extracted. This is in some measure accounted for by the policy of carrying out symmetrical extractions for prophylactic purposes which has been pursued in greater measure than previously.

The demand for *orthodontic treatment* continues to be heavy. During the year some improvements in the ability to meet it have accrued and, as a result, many more children are now undergoing treatment than was the case a year ago. It is regretted that in a few cases treatment has not been continued by the patient when it became apparent that patience and many attendances at the orthodontic clinic would be required. The "regulation" of teeth can only be accomplished by a course of treatment, and it is abvious that the successful results which have been accomplished in certain cases have led others falsely to believe that by obtaining a " brace " their own irregularities would be cured immediately.

Ninety-three children have been supplied with dentures during the year almost exclusively to replace one or two teeth which have been broken accidentally in falls. Our services have usually been requested in these cases when no other treatment was possible, and I would like to stress that the sooner these cases receive attention after the accidents the greater are the chances of avoiding the loss of the tooth and the wearing of dentures.

Oral Hygiene.

The work of the *oral hygienist* in correcting the results of bad hygiene and instructing the children in the proper care of the mouth has proceeded during the year. Whilst this is a service whose success cannot be measured by any short-term standards, the attitude of the children who have been treated has given cause for satisfaction. It is felt that, in spite of obvious difficulties such as the lack of toothbrushes and the continued high cost making their provision difficult in some families, the long-term results of the work must, indeed, be of the greatest value. Without adequate personal care of the teeth all else is in vain.

During the year 1953, 819 children were treated by the oral hygienist and 1,658 attendances made at her clinic. On the first visit the child's teeth are scaled, and the necessity for strict oral hygiene is stressed. The patient is shown a suitable type of toothbrush for use, and requested to bring his brush for inspection at the next visit. In many instances a new toothbrush is shown, and in a few cases it is found to be the child's first toothbrush.

Every endeavour is made to interest the child's parent in the treatment, and it is pointed out that temporary or intermittent home care is valueless.

Treatment is usually completed at the second visit, providing oral hygiene is satisfactory, but if a poor dental condition is present further treatment is necessary. In some cases daily gum treatment of 4–5 days' duration is required, and in a few instances the temporary use of wood paints is advised. Every child for whom prophylactic treatment has been completed is reinvited to the clinic in approximately six months. A small amount of calculus is usually present, and this is removed and the treatment finished providing the patient's oral hygiene is satisfactory. At this and subsequent reinvitations it may be necessary to refer the patient to the dental officer for further treatment.

The child is reinspected at the hygienist clinic at intervals during his school life, and advised to continue required dental treatment after leaving school.

When a school dental inspection is in progress the oral hygienist visits the school and gives group talks to the children on the care of the teeth and gums. Emphasis is laid on diet and the importance of conserving the teeth.

In conclusion, may I offer my thanks to the consultant orthodontists and anæsthetists for their help and services during the year, and to the teaching staffs of the schools we have visited. Their co-operation has been invaluable.

Foot Health Service.

The foot health survey during the past year has shown little change in the general trend of previous years, so far as lesions and deformities are concerned. An interesting factor is the ever-increasing number of parents who interest themselves in the foot health of their children. This is evidenced by the larger proportion of parents who attend with their children at the foot clinics and is most important from the preventive approach as it enables the chiropodist to pass on advice which a child may not be able to appreciate, or may forget to pass on to his parent.

As time passes, more and more cases of *pronated feet* appear to be responding favourably to treatment by the use of remedial wedges. It is not possible, yet, to say what proportion of these would have been self-correcting had they not received treatment, but it is satisfying to note that by treating all, we have not missed the cases in which treatment was necessary. Thus it is reasonable to surmise, as a result of this policy, that more children will arrive at adult age with stable feet than may have done so otherwise. We have had several cases of *hammer toe* which were in their early stages and could be straightened by use of force. These cases have been successfully treated by the use of simple, replaceable toe splints. In each case the toes are now practically straight and normal. A reasonable conclusion would be that we have prevented a very painful and incapacitating defect in later life.

Gratifying results of a comparative nature have also been achieved in the treatment of *hallux valgus*. Maintenance of corrective tension by the hallux valgus traction slings has resulted in correction in many cases. It is hoped that the continual use of these slings for a further period, coupled with the parents' co-operation in the matter of footwear, will result in permanent correction. In this event we shall have another instance in which correction of minor defects in the child may well have prevented chronic defects in the adult, *e.g.*, bunions. *Verrucæ* is well under control ; the reaction to methods of treatment at present employed has been most satisfactory.

A disturbing fact, which has been forced before our notice during the past year, is the *indiscriminate use of plimsolls* instead of more orthodox footwear. These light, canvas shoes not only give no foot support to the growing child, but offer no protection from the weather and admit free percolation of the dust and filth of the road through the uppers. The rubber soles do not absorb the moisture excreted from the feet and result in the skin being kept in a flaccid and unhealthy condition. Presence of grit and dirt in the shoes is liable to cause abrasions over the pressure areas, increasing the risk of such fungus or virus infections as tinea dermatitis or verrucæ. These plimsolls were originally introduced into the schools for use during physical education but, unfortunately, some parents seem to have taken it upon themselves to extend their use beyond their intended purpose. This cannot be too strongly deprecated.

Ill fitting plimsolls and their detrimenta effect on the feet of the wearer.

Another problem of a somewhat similar nature is the increasing use of *plastic material for shoes*. This has been met with particularly among the girls. Like rubber footwear, the material is non-porous and tends to keep the feet in a humid and unhealthy state. The toxic substances excreted from the feet tend to be reabsorbed. Also, as in the case of rubber soled plimsolls, the relaxed and tender skin is easily abraded and more readily infected.

In reviewing the situation as a whole it can be fairly said that in every aspect of the foot health service, progress has been satisfactory, with many encouraging results to stimulate our further endeavours.

Speech Therapy.

Attendance figures at the speech centres this year show a slight decrease on the previous year, but this is understandable owing to the unavoidable absence from Salford, during the summer, of Miss Potts.

In September there was a temporary change-over of therapists at Cleveland House and Claremont Open-air School, to give the children and therapist a change. As the treatment of spastic speech is long and exacting it is felt that periodic changes will be beneficial to all concerned.

In the assessment of speech defective cases we cannot ignore the child's general behaviour and its relation to the speech disorder—how it affects or is affected by the disorder. The speech defective child may react to his defect in different ways. He may adopt a fugitive attitude, withdrawing and avoiding speech, and perhaps become aggressive. He is seldom able to understand his defect and accept it unemotionally and because of his inability to be readily understood he may develop a sense of inadequacy or inferiority. The child with a speech defect is often laughed at ; he becomes sensitive and cries easily ; he tends not to play with his friends at school. He may retreat from attempts in group activity and isolate himself, indulging in day-dreaming and fantasy. These inferiority feelings may result in non-co-operation in treatment, in general naughtiness, exhibitionism, boastfulness or sullen resentment against authority (the mother may complain he does just the opposite from what he is told). He may become anti-social and destructive. "A," who attends for speech treatment, recently smashed up twelve of his " Dinky " motors with a hammer.

Speech defective children show feelings of insecurity, particularly when they are first admitted to school. They feel bewildered and inadequate in their powers of communication and conversation, and may try to attract attention by behaving badly. Usually these bad behaviour habits disappear as the speech improves ; at other times improvement in speech will only come about when the behaviour has been normalised.

Children with Behaviour Problems.

Henry, a chubby-faced, sociable child, was five years eight months when admitted to the speech clinic. His speech was extremely infantile and difficult to understand. He was an only child : two other children (one would have been older and the other younger than himself) having died at birth.

From the first, it was obvious that Henry's mother had been " babying " him—and intended doing so as long as possible. Efforts to make her see the folly of such a course were fruitless. She put up a strong, passive resistance, hiding her belligerency, however, under a soft-spoken and gentle manner.

This, naturally, was not without effect on the child. He was extremely difficult to handle ; very excitable and inclined to dribble ; he would not concentrate, wanted things all his own way, and was mischievous and disobedient. Because he was also an intelligent child he was quick to seize every advantage to gain his own ends.

Firm, even severe, handling at the speech clinic brought about a temporary improvement in speech and behaviour, but between lessons this progress was lost owing to the mother's rigid attitude and determination to coddle at all costs. (For example, when Henry needed to blow his nose, his mother fished out a hankie, held it to his nostrils, then wiped his nose for him).

The battle continued for eighteen months—then attendance at the speech clinic abruptly ceased : the mother sent a message that she and the child had a cold—and that apparently was her final word . . . .

Meanwhile, the case was referred to and seen by the staff of the child guidance clinic, who later reported that as the mother was not prepared to take advice they could do nothing further in the matter until she herself approached them and showed a willingness to co-operate.

Sammy, youngest of three boys, has a stammer with baby speech. Stammering was first noticed after he was bitten by a dog at the age of two. He is still very much afraid of dogs. Since going to school the stammer has become gradually worse. He has difficulty in getting his words out ; his lips tighten together and his face goes very red. When the tension is eventually released his speech is halting (he stammers on almost every syllable) and is babyish almost to the point of being unintelligible. He is very restless at the clinic—a fidget. He has frequent temper tantrums and is particularly obstinate and defiant and acts like a baby. He lies on the floor and kicks his legs about. He resents the clinic authorit^

and one day when he came in he dug his fingers into the therapist's hand, pulled at the flesh as hard as he could, and then he kicked the chairs, after which he seemed quite happy. He and the therapist made a farmyard and talked about all the things he would find there. On another occasion when the therapist went for him he ran away, and after being brought back to the clinic just lay on the floor, chewing the collar of his jersey. He was perverse and said " no " to everything asked of him. The therapist took no notice of this. She sat down beside him and began to draw a picture of a train with lots of trucks. He came round after a while and asked if he could draw too and then talked about the picture he had produced.

This behaviour is, no doubt, an outcome of the pent-up nervous tension in his body ; of the frustration he feels through his inability to express his thoughts and emotions in speech.

Nora, aged six and a half years, is an only child whose speech is unintelligible. She has attended the speech clinic for about six months. When she came for interview she was extremely apprehensive although she had been seen previously at school. She seemed afraid and did not smile. When she was asked her name her eyes filled with tears, and she looked at her mother. Her exasperated mother threatened to leave her if she did not say her name (there has since been evidence of her fear of such threats on several occasions in the clinic). She was drooling and her tongue seemed very stiff. Whenever the conversation was pointed at herself—at her lovely blue coat, her new shoes, etc.—she turned away with a frightened expression.

Her palate was weak and she was given blowing exercises to strengthen it. At first she sat and was very quiet and afraid. Gradually she began to put her lips to the straw but only if the therapist hid her eyes behind her hands. After some weeks (attending twice weekly) she began to blow bubbles in a cup of water, although the therapist was still not allowed to look. Nora was gaining confidence and she was encouraged to make more bubbles by blowing harder. Gradually, the therapist began to peep through her fingers, until Nora did not mind being watched, and admired her blowing ability. She tried to keep her lips together for longer and longer periods until she was able to produce " m." She tried putting her finger under the tongue tip to try to lift it up. This acted as a massage and the tongue tip became more flexible and mobile. At this point the therapist thought her aunt, who brought her to the clinic, should see how well she was doing. Nora, however, was on the brink of tears at this suggestion and it was decided to make a game of it and hide her aunt behind the screens. The therapist had to hide her eyes too and Nora kept an eye on the screens to make sure there was no peeping. This was a step forward ; it was the first time she had ever done her lesson when a member of the family was present.

She was then taught to say " p " and could make words such as map, pie, paper. Soon after this Nora came to the clinic looking very pale. She was developing 'flu. When her lessons were attempted she began to cry so the therapist read a short story to her and let her go home. The following week she again began to cry when the therapist went for her but was comforted. The therapist pretended that two of Nora's dolls had 'flu and were still in bed. She was persuaded to have a look at them and give them some medicine. Mary and Carol were duly dosed ! Mary said " 'm'—she liked it." Carol said " 'p'—she thought it was ever so nasty." Other than this there was no speech lesson. The following week Nora was still temperamental and would not do anything but cry. Her aunt threatened to leave her if she did not do her lesson, and this naturally upset the child even more.

She gradually settled again into clinic routine. Now she will only have her lesson if the door is left wide open so that she can keep an eye on her aunt. Recently, she has become more confident and runs up and down the clinic with a fellow patient. She is becoming talkative and sometimes shrieks aloud with laughter.

Ronnie was eight years old when admitted for treatment. He was an intelligent lad, but suffered from a severe stammer associated with a good deal of nervous tension. He was also very shy, and constantly bit his nails.

Ronnie joined a group of three other boys and appeared to fit in quite happily until he was required to relax with the others. Then he subsided into tears, and needed considerable persuasion before he would carry out this exercise. He then began to show hostility towards the therapist, and after that refused to enter the treatment room. Finally, he " forgot " to come altogether. When the therapist visited his school he pretended not to recognise her, but was obviously very much on the defensive. So, for the time being, his invitation to re-attend the speech clinic was held back.

The boy was subsequently seen at the child guidance clinic, and the mystery unfolded. He had been feeling very insecure, due in part to some lack of harmony between his parents. The lad felt he needed protection of some kind, and this showed itself in a reluctance to remove his shoes and socks : hence his antagonism to relaxing (which meant taking off his shoes) at the speech clinic. The staff of the child guidance clinic treated the boy, and reported good results.

Orthopædic Clinic.

Mr. D. D. Cranna reports :—

Much of the routine work of the orthopædic clinic consists of seeing children referred from school medical inspections because of postural defects such as knock knees and flat feet.

Two other conditions which give rise to a considerable amount of care are *anterior poliomyelitis* and *cerebral palsy*. We are still orthopædically treating the victims of the 1947 poliomyelitis epidemic, and many of these cases have now reached the stage where some form of remedial surgery is becoming imperative. Cerebral palsy patients are seen both at Regent Road and at the Cleveland Special Class. The clinic session held at the Cleveland offers a fine opportunity for consultation on the child's progress between the orthopædic surgeon, physiotherapist, teacher and parent.

Many of these handicapped children remain under our care from infancy until after they have left school, so that a continuous follow-up is possible. Here is a case which illustrates the value of such a comprehensive service.

D.M., now 18 years old, had poliomyelitis affecting the right arm at the age of six months. He has been attending the orthopædic clinic ever since. There was full power in the hand and forearm and reasonable power in the elbow, but the arm hung flail by his side. After he left school he went into a job which, at first, necessitated the use of his hand only by the side and he was, therefore, able to manage this. At a later follow-up, however, when the surgeon saw the boy actually at his work, it was found that his new job involved reaching up to shelves well above shoulder level, and this he could not do. The surgeon was then able to persuade him that it was necessary to stiffen his shoulder in such a position that he could elevate his arm, using his neck and back muscles, and D.M. readily agreed to this. The shoulder was stiffened by an arthrodesis of the joint and the boy now has marked increase of function in the arm as a whole.

Some children are so severely physically handicapped that their transport to and from school and the care of them in class, apart altogether from any consideration of treatment, demands a high degree of supervision. I feel that they need more individual care than can at present be accorded to them in ordinary class or at the open-air schools.

The *orthopædic technician* continues to attend the clinic each week and contributes greatly to the smooth running of arrangements concerning the adjustment of calipers and jackets and the alteration of shoes. Difficulties connected with these appliances can be discussed jointly by orthopædic specialist, technician, parent and patient and decisions about them can be made immediately.

Consultant Pædiatric Clinic.

Dr. R. I. Mackay describes this service :—

The work of this clinic has continued on the same basis as previously. The nature of the work has remained the same though more new cases have been referred during 1953. The clinic has the general character of a hospital

out-patients' clinic, and many problems can be solved here, which would otherwise be referred to hospital. By so doing more time can be spent on each patient than would otherwise be the case. As a result of the removal of the laboratory to Hope Hospital, however, more children (approximately a quarter of the new cases seen) had to be sent there for simple investigations, and a few had to be transferred to the hospital out-patients' department for more detailed study. At the same time the remainder of the new cases have been examined and diagnosed without laboratory assistance, though many of these have had an X-ray of the chest, made possible by the co-operation of Dr. Lee, chest physician.

It is gratifying to note, and of great benefit to the child, that the medical officers frequently come along to discuss individual cases. There is complete freedom for them, and the health visitors, to raise clinical and social problems regarding their own cases. The health visitor responsible for children in hospital supervises this clinic session, with the result that there is almost complete continuity between the consultant pædiatric clinic here, and the pædiatric department at Hope Hospital.

The development of the work of this clinic has been so free from problems that one finds it difficult to make suggestions for improvement. The loss of laboratory facilities is regretted, and I feel that certain simple tests, which at the moment necessitate the child's attendance at the hospital laboratory, could be done on the clinic premises.

Although the general nature of the clinical work follows a pattern which changes little from year to year, it is fair to make the observation that a number of children are appearing in a poor state of nutrition. These observations concern not only children debilitated after illness, but children who have become obese by reason of an unbalanced diet. One seems to meet, more frequently than in the recent past, with children whose disability is aggravated by a poor diet and adverse social circumstances. This impression may be solely the result of the selection of cases for the clinic, but I feel that the impression should be recorded. There may be an obvious social and economic explanation for this apparent change. It may be that the steady increase in the cost of living and food in particular, is already showing its mark on the health of schoolchildren.

Although the circumstances of many families in desperate need of re-housing, for health reasons, are investigated and recommended improvement wherever possible, many problems remain, and attendance at the clinic for examination by the consultant pædiatrician plays only a small part in their solution.

Child Guidance Clinic.

The child guidance clinic has continued its work, during the past year, of trying to help parents and children to lead a fuller, happier life.

Children have been referred with a variety of symptoms such as enuresis, stammer or tic. On investigation, it is usually found that these children, at the same time, have difficulties in their relationship to other children or to adults, ranging from excessive shyness to over-aggressiveness. Treatment aims, therefore, at an improvement of the whole personality.

Before a child is seen at the clinic, a visit is made to the home by the psychiatric social worker, as many people feel more at ease in their own home than in the atmosphere of the clinic and are able to give a better account of the child's development. The next step is an interview of both parent and child with the psychiatrist, and an assessment of the child's intelligence by the educational psychologist. After these interviews it is generally possible to decide whether treatment is necessary or what other steps could be taken to solve the problems. Without the parents' co-operation in treatment we cannot hope to get any good results.

The clinic has, as usual, been visited by people working in allied fields or training to do so, *e.g.*, teachers, nurses and social workers. Some of the students attending the mental health course at Manchester University, again received part of their training in the clinic. Another interesting feature was a series of discussions with a group of health visitors.

The medical director was in America during February. He visited several child guidance clinics and compared their working methods with ours.

Special Class for Partially Deaf Children.

The special class for partially deaf children at Regent Road School continues in the work of assessment and rehabilitation of handicapped children. This year three children have returned to normal schools, and a subsequent report concerning one of them reads as follows :—

> " 'L' has fitted in well with her class (junior one) and is a happy
> " child with a capacity for enjoyment. Her reading is poor average
> " and speech inclined to be indistinct, but the rest of her work is a
> " good average. She answers well in class and is generally responsive
> " and satisfactory."

There is no doubt that children who would otherwise be backward are helped very greatly by this specialised attention. As well as having tuition in lip-reading and hearing-aid technique, they receive extra help with subjects in which, owing to their particular handicap, they are most retarded, *e.g.*, reading, English usage, and spelling. Films and film-strips have been extensively used throughout the year, and many of the excellent films loaned by commercial houses have been found to give suitable background knowledge of history and geography, science and hygiene.

This year a new subject, folk dancing, has been tentatively introduced as an aid to the restoration of self confidence and the appreciation of rhythm. Using a record player, two speakers and a tamborine, the lessons have been most successful and enjoyable. Square dances, such as " Solomon Levi " and the " Virginia Reel," with their counts of " fours and eights," have been chosen as favourites by the more severely deaf children. It is noticeable among deaf children how they tend to shuffle their feet along in walking and are generally heavy-footed. Dancing may help them to overcome this habit.

The ages of the ten children in the class this year cover a less wide range than previously, ranging from nine to thirteen. This has made it possible for more formal teaching methods to be employed, and to bear a closer relationship with normal school practice.

The children still have their Festivals of Harvest, Hallows' E'en, Christmas, Shrove Tuesday, Easter, and the seaside journey in the summer. Fruit and flowers were taken to children in Salford Royal Hospital again this year. Blackberries were gathered and jammed, treacle toffee concocted, and pancakes tossed. The Nativity Play had a successful run of eight performances, and a display of dancing and tumbling was well received by audiences of children, parents and friends, at Christmas time.

Visitors to the class have all made mention of one noticeable feature. This is the atmosphere of genuine happiness and self-reliance created by the children. And it is this atmosphere and background, so necessary in the lonely lives of deafened children, that we hope will carry them forward in their struggle to hold their own in later life in the less sheltered world of normal folk.

Claremont Open-Air School.

During 1953 the therapeutic side of the work done in this school has expanded considerably. Many of the pupils suffer from respiratory disorders. These include asthmatic and bronchitic children, some cases of bronchiectasis and five children who have undergone lobectomy, most of whom need almost daily treatment. The accommodation in the medical room for the children needing postural drainage is extremely limited. Because so many of the children need breathing exercises they overlap into the general purposes room, or into the hall.

Physiotherapy appears to be thoroughly enjoyed by the children. It seems a pity that it has to be done under rather cramped conditions !

There seems to be an increasing number of physically handicapped pupils admitted to the school—children in spinal jackets or wearing calipers, or suffering from rheumatic conditions, for whom an open-air school does not seem to be quite the right place. Such children, ideally, should receive their special educational treatment in a physically handicapped unit, under conditions best suited to their physical defect.

We seem, during the past year, to have had more admissions of children from problem families, many of whom, in addition to their poor general condition, suffer from temperamental difficulties and maladjustment. These children need a great deal of individual attention in class if they are to benefit educationally, physically and socially.

Minor ailments clinics are held on three mornings during the week. The same nurse weighs and measures each pupil once a month. Head and body cleanliness is inspected more frequently here than in the ordinary school because of the communal use of beds and blankets.

The work done by the two school attendants saves much of the time of the physiotherapists, school nurses and teachers. The attendants accompany children to and from the medical room, undress and dress them, distribute vitamin supplements and medicines, supervise the supplies of towels, blankets, toothbrushes, combs, etc.

The children's rest period seems more beneficial to them, now that more blankets and longer beds are available.

The keeping of livestock has been introduced into Claremont in a small way by the purchase of rabbits, guinea pigs and a tank of tropical fish.

School meals continue to be good. The menus are appetising and varied and the dining room bright and attractive. Fruit has been added to the diet, both for breakfast and tea. The canteen staff are most co-operative and always ready to consider suggestions for improvement of the meals.

During the year the usual visits have been made by district nurses who are thus enabled to tell parents, during their home visits, of the amenities available at our open-air schools.

The Autumn Festival was well attended by parents as was the Christmas "Open Day." The children's Christmas party was a delightful occasion. Everyone had a very happy time, giving Christmas its true significance.

Barr Hill Open-air School.

Owing to the limited accommodation at Barr Hill its 100 handicapped pupils are divided into only three classes—the senior class for children over ten and a half years, the junior class for the eight to ten and a half years' group and the infant class for children under eight years.

Places are reserved at this school for children not requiring extensive physiotherapy and who need this type of special educational treatment for a short period only.

During the year every child in the school has a medical examination at least once a term and the school nurse visits each afternoon. The physiotherapist conducts breathing and other exercises twice weekly on school premises and supervises the progress of the crippled children.

Fifty-five children left the school during the year but their places were taken immediately by others.

Much good work is being done here at Barr Hill but the cramped conditions render the school less and less suitable for the special educational treatment of our handicapped children.

Hope Hospital School.

Although this has been an uneventful year, a good deal of valuable work has been done, particularly with long-term orthopædic patients. There have been more young children in the school than usual, and one boy sat for the General Entrance Examination to Grammar Schools and secured a place. Orthopædic children have regular outings when possible, and good use has been made of the garden during fine weather. A children's service has been inaugurated and it is hoped that it will be possible to hold services more frequently. The children were able to watch the Coronation procession on television.

The Spastic Class.

There has been steady progress during the year. Twelve children have been on the roll. During the year two children returned to ordinary day schools and there were two new entrants with no previous school attendance whatever. The physiotherapist has attended for five sessions each week, treatment being given in accordance with the directions of the orthopædic specialist. Six

children have received speech therapy. Most of the children are now beginning to read and all enjoy practical work, a good deal of which takes place. The spastic children enjoyed their Christmas entertainment very much.

Home Teaching.

The home teacher continues to visit her five pupils and each receives tuition for one morning and one afternoon every week during term time.

In April, J.J. was transferred to the spastic class at Cleveland House, where he has settled very well and is making progress. His place amongst home teaching pupils was taken by W.S., a boy suffering from hydrocephalus and spinal complaints. This boy has made remarkable progress, and in a short time he has learned to read simple words, use his hands with skill, and move about the room with only a little help from adults.

L.D. was admitted to Salford Royal Hospital in November for operational treatment and each week she receives work from the home teacher. This she completes when she is able to do so, and so far she has not lost any ground in her educational attainments. As she is likely to remain in hospital for some months, another child will be admitted temporarily in her place.

The other three pupils continue to enjoy the teacher's visits and make good progress, and the parents are most appreciative of this service which is provided for the physically handicapped children.

Social and Educational Defects of Epilepsy in Children.

Epilepsy in all its forms is now known to be much more common than it was thought to be in the past—mild disturbances previously regarded as faints or blackouts are now recognised by electro-encephalography and other tests as frequently being of epileptic nature. It, therefore, follows that a diagnosis of epilepsy need not necessarily mean the great restriction in freedom and opportunity that once was the rule.

The child should be allowed to lead as normal a life as possible. If the child's general health and intelligence are normal and the attacks are rare and minor in type and not upsetting to other children, or if they occur always out of school hours, the child should be allowed to attend ordinary school. He should be allowed to play games and even go swimming if a teacher is able to look after him. He should not ride a bicycle, at any rate on main roads. The average child with fits can manage the ordinary school routine and homework without harm. Those who appear unable to do so should have their medicines reviewed, to see if less depressing remedies can be substituted. A few have to be treated in open-air schools, but in my opinion this is not the best line of treatment for the majority. A small percentage, under 10%, are unsuitable for any school treatment, either because the fits are frequent in spite of treatment, or are frightening to other children, or because of associated mental retardation or anti-social behaviour. It is from this group that we get the cases suitable for training or treatment in an epileptic colony or a mental deficiency colony.

Although the child should be allowed to attend an ordinary school whenever possible, as this makes him feel he is not so different from other children and so that he will not be unnecessarily handicapped in after life by lack of adequate education as well as his epilepsy, he should nevertheless be

kept under regular medical supervision and treatment, as this offers the best chance of ultimate suppression. No reliance should be placed on popular theories that fits will clear at 14, 21, or any other age. He should not be discharged until he has had his full course of treatment. It should be stressed to parents that failure to see that regular medical treatment is carried out may mean the persistence of fits into adult life and that this is a grave handicap to obtaining and holding down a job.

Children Neglected in their Own Homes.

As suggested in the joint circular from the Home Office, Ministry of Health and Ministry of Education, dated 31st July, 1950, case conferences have been held at regular fortnightly intervals since June, 1951, to discuss families where children are, or likely to become, neglected. Every voluntary and statutory agency having knowledge of or responsibility for children in the city is represented at the conference. The school welfare officers are among the most regular attenders.

The majority of families reviewed include schoolchildren, but even where the children concerned are under school age the school welfare service obtains much useful background information about children who will eventually attend school.

The field workers who attend the conferences pool their knowledge and endeavour to make both short and long term plans for the families discussed. The aim is that they shall go forward with unity of purpose to prevent further child neglect and improve or at least stabilise the family. Much anxious, unspectacular and often unrewarding work is needed. Some of the families, like some of the houses they occupy, need " shoring up " both within and without. They are completely dependent on the skilful application of the props and planks of good social work. If one prop is removed speedy replacement is necessary to prevent complete collapse. Many disappointments have been encountered. One or two families have collapsed and been disrupted even within the framework of the well co-ordinated efforts of the field workers concerned ; nevertheless, it is felt that the case conference method of dealing with this work has been justified.

At the end of 1953 a number of families were removed from the "active" list and whilst normal supervision will continue to be given to them, it is felt that intensive visiting and case work is no longer necessary.

Physiotherapy Service.

The physiotherapy department has been fortunate in having the same physiotherapists for the whole year, ensuring greater continuity of treatment. Owing to the expansion of the work, particularly in its more specialised forms, there has arisen a need for additional physiotherapists if each child is to continue to have the best possible attention.

Sunlight treatment sessions held at the four main clinics and one open-air school have been well attended. It has been possible to invite children referred for treatment within two weeks of the medical officer's request being received.

Family doctors in Salford seem more appreciative of the value of artificial sunlight treatment, and a greater number of children attend the clinic with notes from their own doctor. Children referred by family doctors are usually suffering from debility after infectious illnesses, or chest conditions such as bronchitis and catarrh.

Remedial exercise classes for the treatment of minor orthopædic conditions such as flat feet, poor posture and incorrect breathing have been held as usual throughout the year. There is, unfortunately, a long waiting list for such treatment, due, in part, to the lack of accommodation at some of the clinics. Every endeavour is made to invite urgent cases without delay.

Treatment of individual cases certainly limits the number of classes which can be taken. Half an hour, say, spent with one case of poliomyelitis or cerebral palsy, could serve to treat a group of twelve children whose defects were similar.

The weekly physiotherapy clinic session attended by a school medical officer continues to be of value. An average of twenty children who have completed their course of sunlight, or other forms of physiotherapy treatment, are seen each week. The doctor is able to observe the child's progress and discuss with the parent the need, or otherwise, of further treatment.

An increased number of children have been referred to the *consultant orthopædic specialist's clinic* during the year. It has again been necessary to give priority invitations to the children needing more urgent attention and to keep children with comparatively minor defects waiting longer than is desirable. Parents would help greatly if only they would notify the department when they are unable to attend the clinic or have no intention of doing so. As many as three invitations might be sent without result and then the valuable time of a busy health visitor has to be used in calling at the child's home, to enquire the reason for non-attendance.

The assistance afforded by the *orthopædic technician* who attends weekly at the clinic is a time-saving measure and of great value.

Barr Hill Open-air School has such unsatisfactory accommodation that it is impossible to give any physiotherapy treatment there except in a most limited form. In spite of difficulties, however, remedial classes are taken by a visiting physiotherapist twice weekly.

A fairly satisfactory physiotherapy routine has now been established at Claremont Open-air School.

The majority of our children with bronchial conditions now attend this school, and there are sometimes as many as seventeen children having postural drainage at the same time. The difficulty of accommodating such large numbers within the medical room can easily be imagined.

As there is no special unit for physically handicapped children in Salford the more severely handicapped attend this open-air school, which was not originally designed to cater for pupils who wear double calipers and are unable to walk far without assistance. These children, because they are incapable of voluntary physical exercise to increase their circulation, become unduly chilled by too much open-air treatment. The majority of them will never be fit to pass on to ordinary schools but will still require preliminary training for some occupation not requiring great physical stamina, and I feel it would greatly benefit their future if they could have a separate unit more adapted to their own special educational and physical needs.

Children in the *special class for the cerebral palsied*, at Cleveland House, continue to make happy progress. The same worker has given physiotherapy over a long period, an arrangement which has been of undoubted benefit to the child. The child's confidence is gained and held by the physiotherapist who in turn shares his hopes and disappointments and encourages him to greater efforts. There is complete harmony here between the teaching and physiotherapy staffs whose aim is, of course, the same—the rehabilitation of these handicapped children.

The orthopædic specialist visits the school at the beginning of each term to examine the children. Parents are invited to attend and are usually glad of the opportunity to do so.

It gives me pleasure to be able to say that the staff of the physiotherapy department have worked together well throughout the past year. Such co-operation cannot but result in the better care of our handicapped children.

Ascertainment of Defective Hearing in Schoolchildren.

In 1950 a special survey was conducted in order to ascertain the best method of testing the hearing of schoolchildren. As a result of this survey the method of group testing by means of a gramophone audiometer was changed to the sweep test method, which involves the use of pure tones. Each child has a rapid individual test and each ear is tested separately at a volume of 20 d.b. on the 500, 1,000, 2,000, 4,000 and 6,000 frequencies.

At present the hearing of all seven year olds is tested in school and the audiometrician visits each school annually, examining approximately 3,000 children in all. The failures from the sweep test, i.e., those children who do not appear to hear one or more of the frequencies at 20 d.b., are re-tested at the school clinic, by means of the individual pure tone audiometer, down to their threshold of hearing. Children who fail this second test are referred to the consultant otologist for recommendations regarding appropriate medical and special educational treatment.

Apart from sweep test failures, individual audiometer tests are also carried out on children who are referred by school medical officers, nurses, head teachers and speech therapists. Altogether 869 individual audiometer tests were carried out during the year. Failures from this group of children are also referred to the E.N.T. clinic for the otologist's advice.

At present the special class for partially deaf children, in Regent Road School, has its full complement of ten pupils and a waiting list of three. Eighteen Salford children are receiving their education at the Royal Residential Schools for the Deaf, Old Trafford.

Sweep Test Results, 1953.

Number of children tested.	Number of failures.	Number of children subsequently found by I.A.T. to have normal hearing.	Net total of children with defective hearing.	Effectiveness of screening.	Percentage of failures.	
					Initial.	True.
2,822	285	76	209	73%	10%	7·4%

Report of the Organisers of Physical Education.

The many activities which are included under the heading Physical Education have maintained a steady if unspectacular progress within the year which is under review.

The publication by the Ministry of Education of Part II of " Physical Education in the Primary School " was an event of importance to all concerned with education in the primary school. This, with Part I, which was published in 1952, now replaces the Syllabus of Physical Education for Schools which was published by the Ministry in 1933. As soon as they were published, copies of both Part I and Part II of this book were sent into all schools in the city, where children of 11 years and under are in attendance.

Following the pattern of previous years, the work is reviewed under the various sections into which the P.E. can be conveniently divided :—

(*a*) Physical training session, including clothing and equipment.
(*b*) Organised games.
(*c*) Swimming.
(*d*) Out-of-school physical activities.
(*e*) Work in youth clubs and under further education.

(*a*) Physical Training Session (Including Clothing and Equipment).

Regular physical education lessons are taken in all schools, the length of the period varying from twenty minutes to forty-five minutes according to the age of the children and the type of school.

The removal of clothing for the P.E. lesson continues to show improvement slowly since there is still marked prejudice in certain areas, coming not from the children but from their parents.

The Education Committee made an allocation of some 3,200 pairs of plimsolls which has materially assisted the work. When the financial position allows, it is hoped to increase this number considerably so that it is possible for each child to have his/her own pair of plimsolls.

The supply of small apparatus (balls, bats, skittles, etc.) has been maintained, and some large portable apparatus has been put into another thirteen departments (two of which were new schools), making a total of some seventy-two departments which have some large fixed or portable apparatus. Not all of these departments are yet fully equipped.

The provision of large apparatus, both portable and fixed, is now a serious problem. This apparatus should now be used in all types of schools and the Ministry of Education, in their new syllabus, sponsor its use. Unfortunately, it is expensive and, unless extra financial provision can be made to obtain it, some schools are likely to have to wait a very considerable period before receiving it. In addition to this, the facilities at some schools are such that the introduction of apparatus of this nature must either be excluded, or modified considerably. All-standard schools are particularly difficult to provide for, since at least two types of apparatus should be provided (senior and unior) and possibly three where the age range includes infants. When the

reorganisation of the schools is complete this will correct itself. All grammar and modern secondary schools in the city have equipped gymnasia with specialist teachers in charge of the work.

(*b*) Organised Games.

Increased interest in this very important branch of the work has been shown by all schools during the last twelve months. There is an increase in the number of schools visiting the local parks and playing fields during school hours for the purpose of learning how to play the major team games. The increased playing facilities provided by the Parks Department have been fully taken up. Five pitches were opened in the David Lewis Recreation Ground and two hockey pitches in Albert Park. The availability of these pitches has made it possible to transfer schools which previously played on rough shale pitches to grass-covered playing areas.

In addition to this, representations were made to the Ministry of Education regarding the Northumberland Street site in Broughton, with the result that further work is now being done to this ground and it is hoped that it will soon be ready. The development of the Stott Lane site in Pendleton has commenced and should provide excellent playing facilities for the schools in the Pendleton, Weaste, and Ordsall areas on its completion. It is officially the playing field of the new Clarendon Secondary Modern School.

Courses for men teachers have been held in cricket coaching methods, and in refereeing association football. In the cricket course twenty-two men teachers qualified for the cricket coaching certificate of the Lancashire Youth Cricket Council in the M.C.C. group-coaching methods, and in the football course for referees twenty teachers gained the R.I. referee's certificate of the Lancashire Football Association. These courses, held during out-of-school hours, will help to raise the standard of play in both games.

(*c*) Swimming.

This branch of the work continues to show progress and the installation of new diving stages in the various plunges should in time improve the standard of diving of the schoolchildren. The instruction is carried out by a staff of two full-time teachers who both hold the advanced teacher's certificate of the Amateur Swimming Association, assisted by five part-time teachers, all of whom hold a teaching certificate of the same association. During the summer season nine plunges are used in the Salford Baths and one at the Cheetham Bath, Manchester. In the winter season five plunges are available in Salford.

Arrangements are made for 182 classes of thirty children and eighteen classes of twenty children to attend during the summer season and 101 classes of thirty children to attend during the winter season. In addition, two small classes of E.S.N. children from one of the special schools were sent to the baths experimentally since it was a little uncertain as to how far these children would benefit from such instruction. Some special consideration needed to be given to these two classes, but they proved to be very well worth while. Of the twenty-eight children who attended eighteen learned to swim (not necessarily well) and four of these gained the one-length certificate. The most pleasing features were the very obvious enjoyment of the children and the way in which they gained water confidence.

Of the certificates given by the Education Committee, the following awards were made :—

3rd Class Certificate	(one length breast stroke)...	1,336
2nd „ „	(two lengths „ „)...	1,056
1st „ „	(„ „ „ „)...	677
	(„ „ back „)...	
Advanced „	(diving, front and back crawl, breast and back stroke)	33
	Total Certificates awarded	3,102

which is an increase of 415 on the number of certificates awarded in 1952.

The Baths Committee awarded 1,336 free season tickets to children who gained their first certificate during the current season, and this again shows an increase of 145 over the 1952 figures.

Children from the city schools were again entered for the examinations of the Royal Life Saving Society and the following awards were gained :—

Unigrip Certificate...	25
Elementary Certificate	353
Intermediate Certificate...	261
Bronze Medallion	188
First Bar to Bronze Medallion	46
Scholar Instructor's Certificate	4
Bronze Cross	1

making a total of 878 awards and an increase of 77 awards on those made in 1952. This is the first year in which a school child has been entered for and gained the Bronze Cross award.

The Royal Humane Society for the Hundred of Salford again awarded twelve medals, four being allocated to girls and eight to boys. One hundred children were examined for this event.

Out-of-School Physical Activities.

Last season saw much useful work done in all branches of school sport in Salford though honours were not so numerous at county and national level as in previous years. All over the country competition standards are becoming higher year by year and individual and team successes more and more difficult to attain. The cricket association therefore are to be sincerely congratulated on reaching, for the first time, the final of the Hacking Cup Competition of the Lancashire Schools Cricket Association, comprising as it does teams from the whole of Lancashire—a fine achievement.

A pleasing feature this year was the entrance in various associations' competitions, for the first time, of one of the two girls' high schools in the city.

The swimming association reported the most successful galas of recent years both for standard of swimming and number of entries, and recorded a start in city team work by entering boys' and girls' teams for the inter-town gala at Eccles. For the first time also demonstrations of life-saving, swimming and water-work were given by teams of senior boys and girls at the schools' galas.

This year saw a most noticeable advance in the standard of play in rounders, fielding and throwing-in being remarkably good. The non-competitive rallies held in the evening at Broughton Playing Fields remain one of the most pleasing features of the rounders association's work.

The football association, apart from carrying out their usual crowded programme with 56 schools and 120 teams entered in various competitions, organised a special match, the proceeds of which provided a television set for the children of the Royal Children's Hospital, Pendlebury, and which was nstalled well in time for Coronation Day.

The rugby, athletic and netball associations all carried out their programmes with success.

PHYSICAL ACTIVITIES IN FURTHER EDUCATION CENTRES AND YOUTH CLUBS.

At six of the evening school centres some form of physical activity is included in the subjects available to the students at the centres. There are two Judo classes, physical training classes for boys and girls and adults, ballroom dancing classes and a netball coaching class.

Since the last report, physical activities within the youth service have been well maintained and the only new avenue of development has been in the direction of cricket. Following the publishing of the method of " group coaching " by the M.C.C., the authority has played its part in encouraging the scheme in Salford. Briefly, group coaching enables more boys to learn the essential principles of batting and bowling, and ensures that instruction is basically sound. A necessary preliminary in Salford has been the instruction of coaches trained to impart the theory and practice of group coaching. In turn these coaches will impart their knowledge to others and with a snowball effect will ultimately enable countless youths to benefit from the idea. Twenty-six coaches have been trained in Salford and a further course is contemplated.

In co-operation with the South East Lancashire Area Youth Council a cricket coaching school may be established in Salford with a consequent acceleration of the scheme.

The following is an analysis of the number of clubs and youth organisations providing physical activities in Salford :—

(*a*) INDOOR.

(1) Physical Education (Boys)...	24
(2) Keep-fit (Girls)	19
(3) Basketball (Boys)...	7
(4) Netball (Girls)	9
(5) Boxing (Boys)	6
(6) Mixed Badminton	22
(7) ,, Country Dancing	6
(8) National Dancing (Girls)	5
(9) American Square Dancing (Mixed)...	12
(10) Ballroom Dancing Instruction (Mixed)	5
(11) Table Tennis (Boys)	65
(12) ,, ,, (Girls)	20
(13) Fives (Boys)	2
(14) Weight Lifting (Boys)	4
(15) Athletic Coaching (Mixed)	1
(16) Swimming (Boys)	18
(17) ,, (Girls)	13
(18) Fencing (Mixed)	1

(*b*) OUTDOOR.

(1) Soccer (Boys) ...	71
(2) Rugger (Boys)	8
(3) Netball (Girls)...	18
(4) Rounders (Girls)	24
(5) ,, (Mixed)	8
(6) Athletics (Boys)	21
(7) ,, (Girls)	8
(8) Tennis (Mixed)	2
(9) Hockey (Girls)...	2
(10) Camping (Boys)	36
(11) ,, (Girls)	15
(12) Hiking (Mixed)	13
(13) Holidays (Mixed)	10
(14) Cycling (Boys)...	4
(15) Cricket (Boys)...	21
(16) Harriers (Boys)	6
(17) Pot Holing (Boys)	1

Convalescence.

One hundred and fifty-nine schoolchildren were sent for periods of convalescence during 1953.

Of this number 139 were referred by school medical officers and 20 were referred from hospitals, where the children were in-patients at the time of the application.

104	children	were	away	for	four weeks or less.
2	,,	,,	,,	,,	five weeks.
21	,,	,,	,,	,,	six ,,
26	,,	,,	,,	,,	eight ,,
1	child	was	,,	,,	ten ,,
5	children	were	,,	,,	twelve ,,

The financial provision made for schoolchildren's convalescence was completely exhausted two months before the end of the financial year 1952/53, and this has been repeated for the year 1953/54. There has, in the year under review, been an unusually large number of requests for extensions of the four weeks normally permitted. Though there can be little doubt that the extensions were genuine necessities, the fact remains that for every child who had four or eight weeks' extension, one or two other children were unable to go at all.

The Invalid Children's Aid Association has again been most helpful, and in the majority of cases has undertaken the arrangement of convalescence and the transport of the children to and from Homes.

The Homes used, and the number of children sent to each is given below :—

West Kirby Children's Convalescent Home (to which children requiring continual medical care are sent)	34
Taxal Edge (for boys 9 to 15 years)	22
Ormerod Home, St. Anne's-on-Sea	37
Margaret Beavan Home, Heswall	6
St. Joseph's, Freshfield...	27
Boys and Girls Refuges Home, Tanllywfan, Old Colwyn	8
Ellen Gonner Home, Hoylake	7
Hilbre Nursing Home, Gwespyr, Holywell	2
South Meadow, Pensarn	10
Swanscoe House, Macclesfield (for special "problem" cases) ...	6
Total	159

Eighteen children for whom arrangements were made failed to go away.

School Meals Service.

The reduced demand for school meals in evidence during 1952 has continued in the year now under review. Despite this trend more than two and a half million dinners have been served to children during the year and in addition there has been a service of breakfasts and teas.

The number of school meals for the financial year which ended on 31st March, 1953, and a comparison with the figures for the previous year is as under :—

	Number of dinners.	*Number of other meals (breakfasts, teas, etc.).*	*Gross expenditure.*
1952/53	2,589,653	203,941	£178,263
1951/52	2,750,338	257,916	£170,951

Although there has been a reduction in numbers dining, there has been new canteen provision with the opening of four new schools and by the award of aided status to two Jewish schools, both with Kosher canteens. Building work has commenced on a new grammar school and a secondary modern school. These schools will have a canteen kitchen and dining room as part of the school. In addition a scheme of modernisation is under way at one of the central kitchens. Minor improvements, particularly to washing-up facilities, have continued to be carried out.

Opportunity was taken during the summer holiday period to organise a course for all workers in the school meals service. The emphasis of the course was on hygiene, serving of the meal and dining room arrangements. Members of the school health service co-operated with school meals service officers, and a head teacher, a parent and a school meals organiser were invited to give their views on the school meals service. It has now been decided to ascertain the children's views and how best to obtain this information is under consideration at the time of writing this report.

The Education Committee continue to provide a service of meals during the school holiday periods and in 1952/53 some 84,000 dinners were served. The services of supervisory assistants are used in the canteens at holiday periods so as to help in maintaining standards of supervision and social training.

The school meals service has not confined its activities to those of providing meals for children in maintained schools. It also provides dinners for three Health Committee occupation centres, an independent school, a nursery training centre and for the schools' athletic association on the many occasions of representative games of association and rugby football, cricket, and netball.

Impetigo.

An unusual rise in the incidence of impetigo among Salford school children was noticed just after the schools closed for the midsummer holidays, 1953.

During 1953, 704 cases of impetigo were treated, compared with 124 in 1952, and 107 in 1951. The 704 cases occurred as follows : 25 in January, 11 in February, 20 in March, 14 in April, 7 in May, 30 in June, 32 in July, 47 in August, 160 in September, 187 in October, 107 in November and 64 in December. From statistics kindly supplied by Dr. Peter Henderson, Ministry of Education, it can be seen that the national figure for impetigo in school children rose from 27,000 in 1951 to 31,000 in 1952.

Outstanding features of the Salford outbreak were the large size of the bullæ and the fact that the impetigo took three weeks or so to clear up, instead of the usual ten days. It occurred not only on the face and neck but on chest, abdomen, buttocks, hands and arms.

Dr. M. T. Parker, of the Public Health Laboratory, undertook the examination of swabs from impetigo lesions in an attempt to establish the causative organism. A standard method of swab taking was employed : A hole measuring 1 cubic centimetre was cut in the middle of a square of cardboard. The cardboard was placed on the skin so that the impetigo lesion was visible through the hole and the swab was brushed gently across the exposed part once. This "window" technique was adopted to ensure that the concentration of organisms present during the taking of every swab was comparable.

Further bacteriological investigations were carried on along the following lines :—

(1) Typing of 93 strains of S. aureus isolated from the noses of 200 Salford school children.

(2) Collection and typing of strains of S. aureus from non-impetigo lesions in Salford.

(3) Collection and typing of impetigo staphylococci from other parts of the country.

(4) Analysis of typing results for staphylococci and hæmolytic streptococci in relation to geographical area and school contact (preliminary results did not give significant findings).

(5) Analysis of bacteriological results in relation to spread within the family.

(6) Characterisation of the "epidemic type" of staphylococcus. The widespread occurrence of one clinical type of disease associated with a single staphylococcal strain was most unexpected and suggested that the strain had unusual biological properties.

Information regarding the impetigo incidence was sought from surrounding areas. The general impression was that a slight but definite increase in incidence had been noticed but that the rise did not reach epidemic proportions. Dr. Tulloch, of the Manchester and Salford Skin Hospital, said that among out-patients the incidence had been rising for a year, with occasional peaks. A definite increase had been noted in spring and November, last year.

Investigations were made, by a sanitary inspector, into the home and social conditions of some of the children with impetigo. The homes of 124 children were visited. Infection varied from 1 case of impetigo in each of 36 households to 8 patients (all the members of the family) in 1 household. The children attended 32 different schools. Questions were asked regarding the parents' opinion of place and method of transmission of infection, whether or not the child shared a bed and if so whether the bed sharer also had impetigo. Family and outside contacts with impetigo were noted as was the cleanliness of the home.

Methods of Treatment.

Laboratory tests were made of the efficacy of the therapeutic measures usually taken against impetigo—ung. hydrag. ammon. dil., penicillin, gentian violet.

It was decided at the outset that alternate cases of impetigo attending the minor ailments clinics should be treated with a new I.C.I. product, known as 10,040, in cream form, and gentian violet.

Dissatisfaction with 10,040 was expressed by medical and nursing staffs. Following this, the treatment by gentian violet and 10,040 in cream form was abandoned, and alternate cases were treated with Cetavlon solution and 10,040 in liquid form with Lissapol.

Impetigo is self-limiting, and it is therefore difficult to judge the full value of therapeutic agents. It was found in these children that even with simple cleansing methods only, the eruptions seemed to clear. There seems no doubt from this survey that the use of a good cleansing agent, with or without an antiseptic, is beneficial.

Heights and Weights of Salford School Boys.

Improvements which have taken place over the years in the growth of children are attributed to improvements in their food. Recent enquiries have shown that even children from the lowest income group showed average intakes of food which compared satisfactorily with the recommendations of the British Medical Association Committee on Nutrition (1950). It is surprising, then, to note that well marked differences in stature still exist in children, not only between the lowest income group and the one above it but evenly throughout the whole of the social scale.

During a recent investigation, undertaken by representatives of the Ministry of Health, the stature and physique of Salford boys at three age levels 6, 10 and 14 years, were compared with the stature and physique of identical groups of boys at Kingston-on-Thames which, unlike Salford, is a sunny and pleasantly situated town. In addition, a study was carried out in Bristol on groups of 14-year-old boys, and the findings were analysed in terms of social class and similar factors. The aim was to find out whether the differences between stature and physique of children in industrial and other areas were similar to the differences that occur between children in different social groups.

At each place, each age group was examined at one season and in the same year, so that examination conditions were as like as possible. Details of height and weight were the main factors compared but there was also a check on sexual development.

It was found that our Salford boys, at all ages, were lighter and shorter than the Kingston boys and also lagged behind them in sexual development. In Bristol, the modern-school boys were lighter than the grammar-school boys, who, in turn, were lighter than the public school boys.

It can be seen from the following table that differences in physique between boys in the industrial area of Salford and the Kingston boys are similar to the differences in the Bristol boys of different socio-economic environment.

Weights and Heights of Boys in Different Parts of Britain.

	Age.	*No.*	*Weight in kg.*	*Height in cm.*
Salford	6 years	149	20·83 ± 2·45	114·38 ± 5·08
Kingston	6 „	197	22·63 ± 2·72	118·00 ± 5·69
Salford	10 „	197	28·78 ± 4·24	133·76 ± 5·40
Kingston	10 „	135	32·70 ± 4·79	139·61 ± 6·10
Salford	14 „	206	44·39 ± 9·14	154·10 ± 9·09
Kingston	14 „	190	48·61 ± 8·3	160·50 ± 8·57
Bristol :				
Modern	14 „	210	46·78 ± 7·62	158·39 ± 8·99
Grammar	14 „	167	50·52 ± 8·02	164·82 ± 8·71
A public school ...	14 „	76	51·63 ± 6·71	166·50 ± 7·82

Other interesting factors among the Bristol school boys were brought to light. Boys who enjoyed "very good" parental care were found to weigh more than boys with "normal" or "bad" parental care.

Boys who shared beds were found, on average, to weigh less than those who slept alone.

The average weight of 28 boys from broken homes was slightly higher than the average weight of a "matched sample" of boys from unbroken homes. Although the sample was small it was felt that the evidence gained from it was conclusive.

The investigators, Dr. W. T. C. Berry and Dr. P. J. Cowin, have examined several possible reasons, including heredity, environment and other non-dietary factors, as to why the Salford boys have not grown as fast or as well as the Kingston groups, but they do not pretend to know the answer yet.

School Clinics.

Location of School Clinics.	*Treatment carried out.*	*Attendance of School Medical Officer.*
Regent Road	Dental (including Oral Hygiene), Physiotherapy, U.V.R., Chiropody, Audiometry, Minor Ailments, Ear, Nose and Throat, Pædiatric, Orthopædic.	Daily (mornings).
Police Street	Dental, Physiotherapy, U.V.R., Minor Ailments.	Daily (afternoons).
Murray Street	Dental, Physiotherapy, U.V.R., Chiropody, Audiometry, Minor Ailments.	Daily (afternoons).
Langworthy Centre...	Physiotherapy, U.V.R., Speech Training, Chiropody, Audiometry, Minor Ailments.	Daily (mornings).
Encombe Place	Dental (including Orthodontics and Oral Hygiene).	Thursday morning.
Landseer Street	Physiotherapy, Audiometry	Friday morning.
Regent Street	Speech Training	——
Broughton Secondary Modern School.	Speech Training, Minor Ailments ...	——
Blackfriars Road School ...	Minor Ailments	——
Barr Hill Open-air School ...	Physiotherapy, Minor Ailments ...	Thursday afternoon.
Claremont Open-air School ...	Physiotherapy, U.V.R., Speech Training, Minor Ailments.	Monday afternoon. Tuesday ,,
Education Office	Ophthalmic	Daily (afternoons).
Cleveland House	Physiotherapy, Speech Training ...	——

STATISTICAL TABLES.

TABLE I.

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools, (Including Special Schools).

A.—Periodic Medical Inspections.

Number of Inspections in the prescribed Groups—	
Entrants	3,459
Second Age Group	2,208
Third Age Group	1,831
Total	7,498
Number of other Periodic Inspections	577
Grand Total	8,075

B.—Other Inspections.

Number of Special Inspections	4,917
Number of Re-Inspections	11,409
Total	16,326

C.—Pupils Found to Require Treatment.

Number of Individual Pupils Found at Periodic Medical Inspection to Require Treatment
(excluding Dental Diseases and Infestation with Vermin).

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIa. (3)	Total individual pupils. (4)
Entrants	12	462	467
Second Age Group	176	340	479
Third Age Group	255	217	431
Total (prescribed groups)	443	1019	1,377
Other Periodic Inspections	—	108	108
Grand Total	443	1,127	1,485

TABLE II.

A.—Return of Defects Found by Medical Inspection in the Year Ended 31st December, 1953.

Defect Code No.	Defect or Disease.	Periodic Inspections. Number of Defects. Requiring treatment.	Periodic Inspections. Number of Defects. Requiring to be kept under observation but not requiring treatment.	Special Inspections. Number of Defects. Requiring treatment.	Special Inspections. Number of Defects. Requiring to be kept under observation but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4.	Skin	110	487	1387	556
5.	Eyes—				
	(*a*) Vision	443	178	149	110
	(*b*) Squint	95	233	60	42
	(*c*) Other	44	82	126	134
6.	Ears—				
	(*a*) Hearing..	42	173	436	220
	(*b*) Otitis Media ..	40	235	740	562
	(*c*) Other	34	184	416	388
7.	Nose or Throat	300	1,748	2.110	2,771
8.	Speech	38	157	106	147
9.	Cervical Glands	60	1029	431	1,080
10.	Heart and Circulation ..	11	257	90	396
11.	Lungs	31	444	312	1020
12.	Development—				
	(*a*) Hernia	2	40	3	120
	(*b*) Other	3	144	9	39
13.	Orthopaedic—				
	(*a*) Posture	78	259	66	122
	(*b*) Flat Foot	141	143	35	23
	(*c*) Other	240	575	483	310
14.	Nervous System—				
	(*a*) Epilepsy	2	23	6	33
	(*b*) Other	6	101	120	436
15.	Psychological—				
	(*a*) Development ..	3	96	6	11
	(*b*) Stability	9	303	58	94
16.	Other..	52	51	1,353	4,889

B.—Classification of the General Condition of Pupils Inspected during the Year in Age Groups.

Age Groups.	No. of Pupils Inspected.	A. (Good).		B. (Fair).		C. (Poor).	
		No.	% of Col. 2.	No.	% of Col. 2.	No.	% of Col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	3,459	1,439	41·6	1,924	55·6	96	2·8
Second Age Group	2,208	862	39·1	1,310	59·3	36	1·6
Third Age Group	1,821	918	50·1	891	48·7	22	1·2
Other Periodic Inspections	577	262	45·4	302	52·3	13	2·3
Total	8,075	3,481	43·1	4,427	54·8	167	2·1

TABLE III.

Infestation with Vermin.

(i) Total number of examinations in the schools by the school nurses or other authorised persons 78,233

(ii) Total number of individual pupils found to be infested.. .. 4,337

TABLE IV.

Treatment of Pupils Attending Maintained Primary and Secondary Schools (Including Special Schools).

GROUP 1.—Diseases of the Skin.

	Number of cases treated or under treatment during the year.	
	By the Authority.	Otherwise.
Ringworm—		
(*a*) Scalp	3	..
(*b*) Body	35	..
Scabies	67	..
Impetigo	704	..
Other skin diseases	429	..
Total	1,238	

GROUP 2.—Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with.	
	By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	222	..
Errors of refraction (including squint)	*2,477	..
TOTAL	2,699	
Number of pupils for whom spectacles were—		
(*a*) Prescribed	*1,378	..
(*b*) Obtained	*1,378	..

* *Including cases dealt with under arrangements with the Supplementary Ophthalmic Service.*

GROUP 3.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated.	
	By the Authority.	Otherwise.
Received operative treatment for—		
(*a*) Diseases of the ear	..	8
(*b*) Adenoids and chronic tonsillitis	..	1,187
(*c*) Other nose and throat conditions	..	52
Received other forms of treatment	..	205
TOTAL	..	1,452

GROUP 4.—Orthopaedic and Postural Defects.

	By the Authority.	Otherwise.
(*a*) Number treated as in-patients in hospitals	36	..
(*b*) Number treated otherwise, e.g., in clinics or out-patient departments	1438	*268

**Examined by the consultant orthopædic specialist (at the school clinic) by arrangement with the Manchester Regional Hospital Board.*

GROUP 5.—Child Guidance Treatment.

	Number of cases treated.	
	In the Authority's Child Guidance Clinics.	Elsewhere.
Number of pupils treated at Child Guidance Clinics ..	147	..

GROUP 6.—Speech Therapy.

	Number of cases treated.	
	By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists	184	..

GROUP 7.—Other Treatment Given.

(During the year a mobile minor ailments clinic has been used to visit some schools and treat minor ailments "on the spot").	Number of cases treated.	
	By the Authority.	Otherwise.
(*a*) Miscellaneous minor ailments	19,463	..
(*b*) Other—		
(i) Sun Ray	838	..
(ii) Chiropody	881	..
*(iii) Treatment by Neurologist	..	33
*(iv) ,, ,, Paediatrician	..	183
(v) ,, at Pre-Tonsillectomy clinic ..	455	..
Total	21,637	216

**By arrangement with the Manchester Regional Hospital Board.*

TABLE V.

Dental Inspection and Treatment.

(1)	Number of pupils inspected by the Authority's Dental Officers—	
	(*a*) Periodic age groups	11,346
	(*b*) Specials	3,765
	Total	15,111
(2)	Number found to require treatment	10,667
(3)	Number referred for treatment	10,667
(4)	Number actually treated	13,509
(5)	Attendances made by pupils for treatment	16,958
(6)	Half-days devoted to—	
	(*a*) Inspection	69
	(*b*) Treatment	1,673
	Total	1,742
(7)	Fillings—	
	(*a*) Permanent teeth	3,501
	(*b*) Temporary teeth	896
	Total	4,397
(8)	Number of teeth filled—	
	(*a*) Permanent teeth	3,278
	(*b*) Temporary teeth	896
	Total	4,174
(9)	Extractions—	
	(*a*) Permanent teeth	2,672
	(*b*) Temporary teeth	10,418
	Total	13,090
(10)	Administration of general anaesthetics for extractions	3,342
(11)	Other operations—	
	(*a*) Permanent teeth	1702
	(*b*) Temporary teeth	213
	Total	1,915

HANDICAPPED CHILDREN REQUIRING SPECIAL EDUCATIONAL TREATMENT
December, 1953

Category. School population = 28,662.	Total handicapped pupils.	In attendance at a day special school or class.	In residential school.	Awaiting admission to day special school or class.	Awaiting admission to residential school.	Receiving home teaching.	On waiting list for home teaching.
Acute Rheumatism	5	5	...	...	...	...	...
Asthma	24	23	1	...	...	...	...
Blindness	2	...	1	...	1	...	...
Partial Sight	15	11	2	1	1	...	...
Deafness	19	...	18	...	1	...	...
Partial Deafness	15	11	...	4	...	...	...
Delicate	285	230	18	26	11	...	...
Educational Subnormality	254	148	43	33	30	...	...
Epilepsy	4	2	1	...	1	...	...
Maladjustment	5	...	4	...	1	...	...
Physical Handicap	32	20	4	2	1	4	1
Congenital Heart Disease	3	2	...	...	...	1	...
Speech Defect	1	...	...	...	1	...	...
Totals	664	452	92	66	48	5	1

Consultant Pædiatric Clinic

During 1953, 421 consultations took place, involving 225 individual children. Forty-nine children were referred to Hope Hospital out-patients' department for tests involving urinalysis, chromatogram, barium meal, white cell blood count, blood sedimentation rate, X-ray chest and sinuses. Thirty of the children examined at the consultant pædiatrician's clinic were subsequently admitted as in-patients at Hope Hospital. The condition concerning which the children needed advice or treatment were varied :—

Diagnosis.	*Number of children.*
Asthma	33
Allergic rhinitis	18
Functional heart disease	18
Bronchiectasis	14
Catarrhal bronchitis	13
Poor general condition	11
Psychological disturbances—anxiety state	10
Bronchitis	9
Sinobronchitis	9
Rheumatism	6
Epilepsy	6
Obesity	6
Congenital anomalies	6
Migraine	3
General debility	3
Primary T.B. complex	3
Cerebral palsy	2
Fæcal incontinence	2
Miscellaneous defects including allergic bronchitis and eczema, lupus vulgaris, sinusitis, cardiac neurosis, enuresis, constipation, anæmia, loss of weight, seborrhœa, glandular fever, chronic pyelitis, hæmophilia	55

Child Guidance Clinic.

Cases referred in 1953 by—

Schools	22
Principal School Medical Officer	68
Children's Officer	10
Hospitals	7
Family Doctors	12
Court	2
Probation Officer	3
Parents	10
Others	12
Neighbouring Authorities	5
	151

Referred because of—

Enuresis and allied difficulties	27
Stealing and truancy	26
Failing at school	4
Stammer	9
Tic	3
Aggression	22
Food and sleep difficulties	13
Nervousness	17
Other behaviour difficulties	28
Advice *re* placement	2
	151

I.Q. of those seen—

I.Q.	*Boys.*	*Girls.*	*Total.*
130+	5	5	10
120—129	7	3	10
110—119	7	4	11
100—109	11	12	23
90— 99	11	6	17
80— 89	6	6	12
70— 79	3	2	5
Untested	2	1	3
			91

Children seen for diagnosis	76
„ „ „ treatment	71
Test and history only	15
Number of individual children	147
Total number of interviews in clinic	1,710
Children waiting diagnosis, 1953	49
„ referred in 1953	151
	200
Children seen in 1953	91
Cases closed, unseen	40
„ waiting, December, 1953	69
	200

Of the cases closed, unseen—

Improved	17
Referred to other agencies	5
Unsuitable	5
Failed	4
Refused	5
Left area, etc.	4
	40

Number of home visits	160
„ „ school „	70

Speech Therapy.

Langworthy Centre.

There were 43 children still on the register at the beginning of this year.

Admissions for treatment during the year number 38.

Total number treated—81.

From previous year.		*During this year.*	
Dyslalia (defective speech)	12	Dyslalia	12
Sigmatism (faulty 's' or 'z' sound)	1	Sigmatism	6
Idioglossia (unintelligible speech)	4	Idioglossia	3
Dysphonia (disordered voice)	1	Dysphonia	2
Cleft palate	3	Cleft palate	1
Stammering	20	Stammer	10
Retarded speech	1	Retardation	1
Stammering and dyslalia	1	Stammer and dyslalia	3
TOTAL	43	TOTAL	38

GENERAL TOTAL ... 81.

Total number of attendances for treatment—1,306.

Children interviewed number 43. Of these, eight were found not to be in need of treatment ; four were unlikely to need treatment ; in one case treatment was impossible ; and one was transferred to another area.

Of those interviewed this year, 24 have been admitted for treatment.

Children interviewed and still waiting treatment number 12. Of these eight were interviewed the previous year, and four this year.

Fifteen children called for interview did not attend. Included in this figure : one left this area ; one changed his school ; one not requiring treatment.

Children still on the waiting list and not yet interviewed total 79

DISCHARGES.

Final discharge—satisfactory	21
Provisional discharge	3
Further improvement unlikely	1
Attendance lapsed	3
Left this area	2
Stood down temporarily	2
Left school (little improvement)	1
TOTAL	33

There were 61 visits to homes, and 39 school visits.

Broughton and Regent Street Centres.

Children still on the register at the beginning of this year number 45. (Regent Street, 23. Broughton, 22).

New cases called for treatment total 64. Of these, six failed to attend for treatment : four were defaulters, one had transferred to another area, and one had left Salford. Actual number treated—58. (Regent Street, 29. Broughton, 29). GENERAL TOTAL—103.

REGENT STREET CENTRE.

From previous year.		*During this year.*	
Dyslalia	11	Dyslalia	17
Stammer	9	Stammer	2
Dyslalia and nasal voice ...	1	Dyslalia and stammer	3
Dyslalia and sigmatism ...	1	Dyslalia and sigmatism... ...	2
Dyslalia and stammer	1	Stammer and sigmatism ...	2
		Sigmatism, dyslalia and stammer	1
		Idioglossia	1
		Lalling and dyslalia ... ... (Lalling—imperfect 'r' sound)	1
TOTAL	23	TOTAL	29

GENERAL TOTAL ... 52.

BROUGHTON CENTRE.

From previous year.		*During this year.*	
Dyslalia	10	Dyslalia	17
Stammer	7	Stammer	6
Sigmatism	2	Sigmatism...	1
Dyslalia and sigmatism ...	1	Dyslalia and sigmatism... ...	1
Dyslalia and stammer	2	Dyslalia and stammer	2
		Idioglossia	1
		Nasal speech	1
TOTAL	22	TOTAL	29

GENERAL TOTAL ... 51.

Children interviewed and waiting admission number 28. (This figure includes four who had previously received some treatment but whose attendance had temporarily lapsed for unavoidable reasons. Included also, one who had previously received a provisional discharge, and one who had been on the waiting list from the previous year).

Called for interview but failed to attend—5.

Still on the waiting list for interview—35. (Three of these, all stammerers under six years of age, have received a preliminary home visit).

Children not requiring special treatment—5. (Of these, three were interviewed at the speech clinic, one was seen at home, and one was stated by his parent in a letter to be now speaking normally).

There will, however, be a routine check-up.

DISCHARGES.

Final discharge—satisfactory	23
Provisional discharge—satisfactory	14
(Including one since left Salford).	
Stood down	9
4 for readmission later.	
2 referred for special treatment.	
1 since left school.	
2 further improvement unlikely at present.	
Defaulted	4
Left Salford	4
Lapsed	10
Left school	3
Transferred to other area	3
(Including one who had received interview).	
TOTAL	70

Number of attendances for treatment total 1,570. (Broughton Centre, 648. Regent Street, 922).

There were 111 visits to homes, and 51 school visits.

General total of attendances for treatment for all centres ...	2,876
General total of admissions for treatment to all centres during the year	96
General total of children treated from previous year	88

CHIROPODY SURVEY SUMMARY, 1953

Age Group (years)	5 to 6				7 to 8				9 to 10				11 to 12				13 to 15				Total				Total
Sex	M		F		M		F		M		F		M		F		M		F		M		F		
Defect Group	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	
Corns	—	4	—	7	—	3	—	3	—	1	—	—	—	1	—	—	—	1	—	—	—	10	—	10	20
Verruca	—	—	—	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	2	3
Weak Longitudinal Arch ...	73	71	85	61	66	54	36	27	61	33	17	7	26	18	17	10	17	12	5	5	243	188	160	110	701
Footwear: Degrees of Accuracy in Fitting ...	98	73	128	102	117	37	58	41	86	31	27	26	49	20	21	10	41	18	5	3	391	179	239	182	991
Defects of Lesser Toes ...	24	20	19	32	41	21	9	6	28	9	6	2	14	3	2	—	7	3	—	1	114	56	36	41	247
Hallux Valgus	67	21	56	8	67	18	31	7	62	9	24	13	43	6	17	4	34	5	11	3	273	59	139	35	506
Nails	2	1	—	1	—	1	—	1	—	1	—	1	1	—	—	—	1	2	—	—	4	5	—	3	12
Total	264	190	288	212	291	135	134	85	237	84	74	50	133	48	57	24	100	41	21	12	1025	498	574	383	2480
Total Number of Children Examined. Males and Females.	412		451		393		188		277		72		145		43		96		15		1323		769		
Total Number of Males and Females Examined.	863				581				349				188				111				2092				

B = Slight defect (not requiring treatment) C = Marked defect (requiring treatment)